

### Organization Profile

Organization Name			
Physical Address	City	State	Zip
Contact	Title		
Telephone	Email		

### Operations Profile

Type of Entity  501c3  Government  Tribe Date Established: \_\_\_\_\_

Current UI Funding Method:  Paying State Unemployment Tax  Reimbursing (self-insured)

If taxpaying: Have you paid unemployment taxes for at least two years?  Yes  No

If reimbursing: Check current management method:  Internal Staff  Third Party Administrator  Group Program

Are you currently in good standing with the state?  Yes  No

Current administrator/program (if applicable): \_\_\_\_\_

State Acct. No. \_\_\_\_\_ FEIN \_\_\_\_\_

### Employment Profile

Please attach an additional sheet of paper, as needed, to answer the following questions more fully:

Number of Full-time Employees \_\_\_\_\_ Number of Part-time Employees \_\_\_\_\_ Number of W-2s from Prior Year \_\_\_\_\_

1. Do you anticipate any of the following events occurring in the next 12 months that will result in layoffs and/or reduction in employee hours or wages?

- o Reduction in overall revenue from prior 12-month period Yes  No
- o Elimination of or reduction in any locations, programs, or revenue sources Yes  No
- o Any restructuring Yes  No

If you selected Yes to any of the above, please explain and provide details that include date of action(s) and estimated number of employees impacted:

2. Do you have any seasonal employment? Yes  No

If yes, please explain and provide details that include dates in which seasonal staff are on break and number of seasonal staff impacted by break:

If yes, do you anticipate in the next 12 months an increase in the number of seasonal staff and/or an increase in the duration of time in which their break will occur:

3. Have you experienced any layoffs and/or staff reductions other than seasonal employment in the last 12 months? Yes  No

If yes, please explain and provide details that include date of action(s) and estimated number of employees impacted:

## Employment Profile *cont'd*

4. Do you have any staff employed in a Head Start program? Yes  No

If yes, please provide dates/weeks in which staff are on break, number of staff on break, and indicate if staff's pay is annualized.

5. Are you currently or have you, in the past 12 months, had employees whose wages are exempt from unemployment? Yes  No

If yes, please explain. Include number of exempt employees and their term of employment.

6. Please enter the following estimates:

	Gross Wages	UI Tax Rate (if applicable)	Annual Operating Budget
Current Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior Year One	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior Year Two	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prior Year Three	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Approximately how many claims do you have annually?

8. Approximately how many of those claims are protested?

9. Estimated Wages for Calendar Year 2025:

## How did you hear about us?

- Insurance Agency   
  Nonprofit Association   
  Website/Search Engine  
 Advertisement   
  Event   
  Other

Please specify (i.e. Agency Name, Google, Webinar, etc.):

## Signature

The information provided on this application form has been confirmed by all necessary parties within this organization to be true, accurate, and complete to the best of our knowledge. We acknowledge that any misrepresentation will result in immediate cancellation of any service or coverage pursuant to the terms of this product for which this application is submitted.

Signature (No electronic signatures, please.)

Name

Date

Title