

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)

State _____ FEIN _____
Acct. No. _____

If taxpaying:
Have you paid unemployment taxes for at least two years? Yes No
Are you currently in good standing with the state? Yes No

If reimbursing:
Check current management method:
 Internal Staff Third Party Administrator Group Program
Current administrator/program (if applicable): _____

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 | | | |
| Prior Year One | | | |
| Prior Year Two | | | |
| Prior Year Three | | | |

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