

Questions? Please contact us at (800) 631-2967 or information@501c.com.

Organizational Information			
Organization Name:		FEIN:	
Year Established:		Fiscal Year End:	
Employment Profile			
# Full-time Employees:		# Part-time Employees:	# W-2's Issued Last Year:
# Seasonal Employees:		# Head Start/after school program/childcare employees:	
Seasonal Term:		Summer or break term, if applicable:	
# Employees exempt from unemployment:		# Employees covered under a collective bargaining agreement:	
FOR EACH "YES" ANSWER TO A QUESTION BELOW, PLEASE ATTACH AN EXPLANATION INCLUDING THE NUMBER OF AFFECTED EMPLOYEES AND THE DATE(S) OF ACTION, IF APPLICABLE.			
1. During the last 18 months, have you experienced any layoffs or staff reductions other than regular seasonal staffing adjustments?			Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Within the next 18 months, do you anticipate any reduction in revenue or loss of any specific revenue source (e.g., non-renewable grant) that will result in layoffs and/or reduction in hours or wages of any employees?			Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Within the next 18 months, do you anticipate any change in regulations, restructuring within your organization, or an acquisition or merger that will result in layoffs and/or reduction in employees' hours or wages?			Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you anticipate an increase in the hiring of employees who will be affected by seasonal layoffs over the next 18 months?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Budget, Payroll and Unemployment Claim Counts			
Year	Annual Budget	Gross Payroll	Total # Claims
2013			
2014			
2015			
2016 (est.)			
Funding and Income Sources		Please indicate the percentage of your total current funding sources and revenues represented by the following:	
Federal	%	Fundraising or Operations	%
State	%	Grants/Other (Please specify):	%
County or City	%		
Acknowledgement and Signature			
I certify that the information provided on this application and its supporting documents is accurate and complete. I understand that all answers to the Request for Quote form and this application, together with the related attachments, shall form the basis for any coverage hereunder. Furthermore, I understand that in the event of any fraud, misstatement, concealment, or failure to disclose information in response to any question on the application, whether intentional or inadvertent, may result in immediate cancellation of any service or coverage for which this application is submitted.			
Signature:		Date:	
Name:		Title:	

PLEASE SUBMIT THE FOLLOWING ATTACHMENTS WITH THIS APPLICATION:

- All Employers:** Current balance sheet, most recent audit and copies of the summary page for the four (4) most recent wage report forms.
- If Reimbursing:** Copies of the last three (3) years of statements issued by the state detailing reimbursable benefits by period.
- If Tax Paying:** Copies of the three (3) most recent annual notices of your unemployment (SUI) contribution tax rate and the four (4) most recent statements issued by the state detailing unemployment benefit charges by period.

Please fax this completed form to (800) 449-8563 or scan/email to information@501c.com.