



SUI Solutions
FREE EVALUATION



Organization Profile

Organization Name

Type of Entity

☐ 501(c)3 ☐ Government

Date Est.

Current Yr. Operating Budget

\$

Projected Upcoming Yr. Budget

\$

Address of Business Operation

City

State

Zip

Telephone

Fax

E-mail

Website

Description of Applicant's Operation

Number of Full-time Employees

Number of Part-time Employees

Number of W-2s from Prior Years

Contact Name

Title

Unemployment Compensation Profile

Current Funding Method

☐ Paying State Unemployment Tax

☐ Reimbursing

SUI Account No.

FEIN

If taxpaying, have you paid unemployment taxes for at least two years?

☐ Yes

☐ No

If reimbursing, current management method:

☐ Internal Staff ☐ Third Party Administrator ☐ Group Program

If managed externally, please identify your current administrator/program

Do you have any regular seasonal layoffs?

☐ Yes

☐ No

If yes, please state number affected and dates

Do you anticipate an increase in the hiring of employees who will be affected by seasonal layoffs?

☐ Yes

☐ No

Have you experienced any layoffs or staff reductions in the last 24 months other than regular seasonal layoffs?

☐ Yes

☐ No

If yes, please explain and state number affected

Do you expect any layoffs, other than regular seasonal, or expect to eliminate any positions during the next 24 months?

☐ Yes

☐ No

If yes, please explain and state number affected

What percentage of your funding is attributable to a Head Start program?

Approximately how many claims do you have annually?

Approximately how many of these claims are protested?

Please enter the following information:

Year	Gross Annual Payroll	SUI Benefit Charges	Unemployment Tax Rate, if Applicable
2005			
2006			
2007			
2008			

Tax paying employers: please provide copies of your four most recent State Unemployment Tax Rate Notices.

Reimbursing employers: please provide copies of your eight most recent Benefit Charge Statements.

All employers please provide documentation to support Gross Annual Payroll above.

If any of the above documents are unavailable, please fax free evaluation form.

The information provided on this application form is true, accurate, and complete to the best of my knowledge. I 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

Name

Date

Title

**Fax to: First Nonprofit Companies
312.648.0325**

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