

SUI Solutions
FREE EVALUATION



Organization Profile

Organization Name			
Type of Entity <input type="checkbox"/> 501(c)3 <input type="checkbox"/> Government <input type="checkbox"/> Quasi-Governmental	Date Established	Current Year Operating Budget \$	Projected Upcoming Budget Year \$
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 <input type="checkbox"/> Paying State Unemployment Tax <input type="checkbox"/> Reimbursing	SUI Account No.	FEIN
If taxpaying, have you paid unemployment taxes for at least two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If reimbursing, current management method <input type="checkbox"/> Internal Staff <input type="checkbox"/> Third Party Administrator <input type="checkbox"/> Group Program		
If managed externally, please identify your current administrator/program		
Do you have any regular seasonal layoffs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state number affected and dates	
Have you experienced any layoffs or staff reductions in the last 24 months other than regular seasonal layoffs?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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
2004			
2005			
2006			
2007 (est.)			

Tax paying employers: please provide copies of your three 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 _____

Date _____

Name _____

Title _____

**Fax to: First Nonprofit Companies
312.648.0325**

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