



SUI Solutions
FREE EVALUATION



Organization Profile

Organization Name
Type of Entity
Date Established
Current Year Operating Budget
Projected Upcoming Budget Year
Are you currently a member of the Alliance?
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
SUI Account No.
FEIN
If taxpaying, have you paid unemployment taxes for at least two years?
If reimbursing, current management method:
Do you have any regular seasonal layoffs?
Do you anticipate an increase in the hiring of employees who will be affected by seasonal layoffs?
Have you experienced any layoffs or staff reductions in the last 24 months other than regular seasonal layoffs?
Do you expect any layoffs, other than regular seasonal, or expect to eliminate any positions during the next 24 months?
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:

Table with 4 columns: Year, Gross Annual Payroll, SUI Benefit Charges, Unemployment Tax Rate, if Applicable. Rows for years 2005, 2006, 2007, and 2008 (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

Name

Date

Title

Fax to: First Nonprofit Companies
312.648.0325

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