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| Applicant's Representative | <input type="checkbox"/> New application |
| Address | <input type="checkbox"/> Renewal of policy number |
| Effective date | Quote needed by |

1 **Name of applicant(s)** (List only qualified direct reimbursers.)

2 **Mailing address**

3 **Description of operations of applicant** (Attach copy of latest three years audited financial reports.)

4 **In which states or jurisdictions will applicant operate as a qualified direct reimbursers?**

5 **Provide listing of locations to be covered** (Attach supplemental page if additional space is required.)

| LOCATION | BRIEF DESCRIPTION OF OPERATIONS | NO. OF EMPLOYEES |
|----------|---------------------------------|------------------|
| A. | | |
| B. | | |
| C. | | |

6 **Date applicant qualified as a direct reimbursers**
 A. If currently a qualified direct reimbursers, who is insurer?

7 **Will applicant need an unemployment compensation bond?** yes no If "yes," state bond amount.

8 **Service company information**
 A. Name of service company
 B. Address of service company
 C. Service company contact and telephone number

9 **State the applicant's total number of full-time employees, part-time employees, taxable payroll, tax rate, gross payroll, and unemployment compensation claims (number and amount) for the past three years** (Please round to whole dollar amounts.) If applicant is applying in more than one state, please complete this section below for each state. (Applicant may attach supplemental page(s) if additional space is needed.

| YEAR | NO. OF FULL-TIME EMPLOYEES | NO. OF PART-TIME EMPLOYEES | TAXABLE PAYROLL | TAX RATE (IF KNOWN) | GROSS PAYROLL | NO. OF U.C. CLAIMS | AMOUNT OF U.C. CLAIMS |
|------|----------------------------|----------------------------|-----------------|---------------------|---------------|--------------------|-----------------------|
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10 Project the applicant's taxable payroll, gross payroll, and number of full-time and part-time employees for the upcoming year

| | TAXABLE PAYROLL | GROSS PAYROLL | NUMBER OF EMPLOYEES |
|--------------|-----------------|---------------|---------------------|
| Full time | | | |
| Part time | | | |
| Total | | | |

11 Has applicant suspended or terminated a group of four or more employees during the past three years? If yes, state the number of times this has occurred, the number of employees involved, and the reason for the suspension/termination.

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12 Does applicant anticipate any circumstances that are likely to give rise to employee separations as a result of, but not limited to, contractual assumption, acquisition, merger, buy-out, purchase or takeover of, or by, the applicant occurring from the application date through the proposed policy period. If yes, please provide full details concerning the events or circumstances expected to result in separations and also project the number of employees expected to be terminated and benefits to be paid.

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13 State number of employees whose wages are funded in whole or in part by federal, state, local, or private grants and the total dollar amount of such funding by category. If local funding is involved, will a tax levy be under consideration during the next twelve months which might affect applicant's funding?

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Corporate Officer's Signature *(Title)* **Date**

Applicant's Representative **Date**

Contact Person **Phone No.**