

**APPLICATION FOR QUOTATION  
UNEMPLOYMENT COMPENSATION INSURANCE  
NON PROFIT CORPORATION**

**COMPLETE EQUITY MARKETS, INC.**  
**1190 FLEX COURT**  
**LAKE ZURICH, ILLINOIS 60047-1578**  
 (847) 541-0900 • (800) 323-6234  
 bslawin@cemins.com • Fax (847) 541-0444

**YOUR OFFICE MUST HAVE 501(c)(3) TAX STATUS TO BE  
ELIGIBLE FOR THIS INSURANCE PROGRAM**

This is an application for quotation for unemployment compensation liability insurance. All information disclosed on this application together with any supplementary information regarding the applicant is considered to be privileged and will be held in strict confidence with the exception that it must be made available to the underwriting insurance entity. It will not be released unless your written consent is given.

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Tax ID Number \_\_\_\_\_ Reimbursing ID Number \_\_\_\_\_

Executive Director or Finance Director \_\_\_\_\_

Administrator \_\_\_\_\_

Type of Organization \_\_\_\_\_ Date Organization Established \_\_\_\_\_

Please complete the following questions so we may prepare an analysis on unemployment compensation insurance for your review.

1. Is your office currently on reimbursement for unemployment compensation insurance purposes? \_\_\_ Yes \_\_\_ No  
 OR paying taxes to the state unemployment compensation plan? \_\_\_ Yes \_\_\_ No
2. What is the current contributory percentage rate you are being charged for unemployment compensation coverage with the state?  
 (N/A if currently on reimbursement) \_\_\_\_\_%.
3. What is the contributory rate you were charged last year for unemployment compensation coverage with the state?  
 (N/A if on reimbursement) \_\_\_\_\_%.
4. State what your unemployment compensation claims have been for the past three years, by year, number and amount.

Year	Number of Claims	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

5. a) Please provide explanation of claims history; for example, seasonal workers, departmental changes, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_

- b) If high claims, please indicate any procedures instituted to reduce high unemployment compensation benefit claims in the future; for example, using summer Youth Program for additional help during summer months, using temporary agencies, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Total number of employees and estimated annual unemployment compensation taxable payroll for:
  - a) Current year
 

Number of Full Time Employees _____	UC Taxable Payroll \$ _____
Number of Part Time Employees _____	UC Taxable Payroll \$ _____
  - b) Coming year
 

Number of Full Time Employees _____	UC Taxable Payroll \$ _____
Number of Part Time Employees _____	UC Taxable Payroll \$ _____

7. Please indicate current funding sources and revenues:

- \$ \_\_\_\_\_ Legal Services Corporation (LSC)
- \$ \_\_\_\_\_ Other Federal Agency (specify \_\_\_\_\_)
- \$ \_\_\_\_\_ State
- \$ \_\_\_\_\_ Local or Private Grants
- \$ \_\_\_\_\_ Contributions
- \$ \_\_\_\_\_ Ticket Sales
- \$ \_\_\_\_\_ Other Revenue

8. Is a loss or reduction in funding level expected in the coming year? \_\_\_Yes \_\_\_No If yes, indicate the dollar amount \$ \_\_\_\_\_

9. If local funding is involved, will a tax levy be under consideration during the next 12 months affecting applicant's funding? \_\_\_Yes \_\_\_No \_\_\_n/a

10. Indicate the number of employees whose wages are funded in whole or in part by Federal, State, Local or Private Grants: \_\_\_\_\_

11. Indicate the anticipated increase or decrease in number of employees for:

a) Current year Increase \_\_\_\_\_ % Decrease \_\_\_\_\_ %

b) Coming year Increase \_\_\_\_\_ % Decrease \_\_\_\_\_ %

If a decrease in the workforce was indicated, please explain \_\_\_\_\_  
\_\_\_\_\_

12. Has applicant, during the last three years, suspended or terminated a group of 5 or more employees? \_\_\_Yes \_\_\_No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

13. Number of employees covered under a collective bargaining agreement \_\_\_\_\_

14. Name and address of Service Company currently administrating claims (if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Policy effective date \_\_\_\_\_

This application, duly completed, together with any supplementary information must be signed in ink by the applicant. A signed copy will be attached to and becomes part of insurance policy if issued. Completion of this Application does not bind the applicant or Underwriters to complete the insurance. (I/We) hereby declare, based upon (my/our) knowledge and upon reasonable investigation, the above statements are true and that (I/we) have not suppressed or misstated any material facts on this application. All information disclosed on this application together with any supplementary information obtained regarding the applicant shall be considered proprietary and remain in the exclusive control of the named insured and the insurer.

Date \_\_\_\_\_

\_\_\_\_\_  
Executive Director or Finance Director (type or print)

Signature \_\_\_\_\_

Title \_\_\_\_\_

Mail signed and dated application to  
**Complete Equity Markets, Inc.**  
**1190 Flex Court**  
**Lake Zurich, IL 60047-1578**  
**Toll Free (800) 323-6234 or**  
**In Illinois (847) 541-0900**  
**Fax (847) 541-0444**  
**bslawin@cemins.com**