Domenick & Associates
Specialty Insurance Brokers

FREE EVALUATION

First Nonprofit® Companies

Organization Profile

Legal Name							
Type of Entity	☐ 501(c)3	☐ Government	Date Established		2003 Operating Budget		2002 Operating Budget	
Address of Business Operation							
City				State		Zip	
Mailing Address (If different)							
City				State		Zip	
Telephone		Fax		E-mail			
Description of Applicant's Operation							
Number of employees		Part time		Full time		Number of Prior Year's W-2s	
Contact		Position					

Unemployment Compensation Profile

Current Funding Method	☐ Paying State Unemployment Tax	☐ Reimbursing	Account No.
If reimbursing, current management method	☐ Internal Staff	☐ Third Party Administrator	☐ Group Program
If managed externally, please identify your current administrator/program			
Have you experienced any lay-offs or staff reductions in the last 24 months?	☐ Yes	☐ No	
If yes, please explain and state number affected			
Do you expect any layoffs or 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?			

Please enter the following information:

Year	Gross Annual Payroll	Unemployment Charges	Unemployment Tax Rate, if Applicable
2001			
2002			
2003			
2004			

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.

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: Domenick & Associates
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