

**APPLICATION FOR QUOTATION
UNEMPLOYMENT COMPENSATION INSURANCE
FOR GOVERNMENTAL ENTITIES**

COMPLETE EQUITY MARKETS, INC.
1190 FLEX COURT
LAKE ZURICH, ILLINOIS 60047
 (847) 541-0900 • (800) 323-6234
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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 Municipality _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (_____) _____ Fax (_____) _____

Mailing Address _____

Tax ID Number _____ Reimbursing ID Number _____

Mayor or Finance Director _____

Administrator _____

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

1. Is your municipality 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 Total Annual Budget Amount \$ _____

Please indicate Revenue Sources:

\$ _____ Federal Agency (specify _____)

\$ _____ State

\$ _____ Local

\$ _____ Investment Income

\$ _____ Bond Issues

\$ _____ Other Revenues (specify _____)

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 _____

City Manager or Finance Director (type or print)

Signature _____

Title _____

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