



Unemployment Compensation Quote Form

Unemployment Policy #: _____

Company Name _____

Contact: _____

Phone Number: _____

Fax Number: _____

Email: _____

Address: _____

City, State Zip: _____

How many unemployment claims has your company filed in the last year? _____

Of those claims, how many went to hearing? _____

How many people are currently employed at your company? _____

Does your company conduct annual employee layoffs? _____

Please use the following lines to add any additional unemployment information that may be useful in accessing your company:
