

**NY DBL QUICK QUOTE Request  
 (50+ Employees) - NY Disability Benefits Law Insurance**

Date \_\_\_\_\_ Date Quote Needed by \_\_\_\_\_ Number of pages, including this sheet \_\_\_\_\_

To **underwriting@nationalbenefitlife.com**

FAX No (800) 584-9370

Phone (718) 248-8797

From \_\_\_\_\_

FAX No \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

RISK NAME \_\_\_\_\_ Proposed Effective Date \_\_\_\_\_

Nature of Business \_\_\_\_\_ FEIN# \_\_\_\_\_

Current Carrier \_\_\_\_\_ Effective Date \_\_\_\_\_

Coverage:  Statutory  Enriched (specify) \_\_\_\_\_

Total #NY Employees: \_\_\_\_\_ Males \_\_\_\_\_ Females \_\_\_\_\_ Add'l # of employees working outside NY to be covered? \_\_\_\_\_

**Current Rates** Monthly per capita Males \$ \_\_\_\_\_ Females \$ \_\_\_\_\_

Payroll/Volume basis on first \$ \_\_\_\_\_ Per week/month \$ \_\_\_\_\_

Rates have been in effect since \_\_\_\_\_ Renewal Date \_\_\_\_\_ Renewal Rates \_\_\_\_\_

**EXPERIENCE HISTORY** - Attach copy of current premium report, loss runs and carrier renewal letter, if available.

From	Period To	Carrier	Rate	Premium	Claims
				\$	\$
				\$	\$
				\$	\$

Remarks \_\_\_\_\_

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