

Emerson, Reid & Company, Inc.

NEW YORK STATE DBL

261 Madison Avenue, Suite #602, New York, NY 10016
(212) 706-9400 Toll Free (800) 827-2103 Fax (610) 537-2796

BIND COVERAGE? **REQUEST QUOTE?**

Effective Date: _____ New Carrier: _____ Quoted Rate(s): _____

Require: **W2's**

Check one: Corporation Partnership Proprietorship LLC/LLP Other: _____

Check one: Profit Non-profit

Is voluntary coverage desired for any of the following classes of employees: _____

Clergy Teachers Part-time domestics Other _____

If "Yes," complete Voluntary Disability Benefits form DB-135 or DB-136: _____

Employer's Legal Name: _____

[Names of partners or proprietor are required if the employer is a Partnership, Proprietorship or LP.]

D/B/A Name or T/A Name: _____

Contact Name: _____ Telephone Number: _____

NYS Business Location **[No P.O. Box]:** _____

City: _____ State: _____ Zip Code: _____

Mailing/Billing Address: _____

City: _____ State: _____ Zip Code: _____

Will additional employers and/or locations be covered? Yes No If "Yes," complete page 2.

Type of business? _____ Is business seasonal? Yes No

If "Yes," specify months in full-time operations and estimate monthly covered payroll: _____

Employer's current status is:

NEW VENTURE, not previously insured

INSURED for statutory DBL – Current Carrier: _____ Date of Termination: _____

INSURED for benefits in excess of statutory Self-insured

NYSUI Insurance Number (ER No.): _____

Federal Tax ID Number (IRS No.): _____

What classes of employees are to be **EXCLUDED?** _____

If union employees are to be excluded, give name and local number.

Name: _____ Local Number: _____

If the employer is a Partnership, Proprietorship or LP - do the partners or proprietor desire coverage?

Yes No Partners or Proprietor Males: _____ Females: _____

Total employees **only:** _____ Males: _____ Females: _____

(Please note that we cannot request coverage for Partners only if the group is a Partnership, Proprietorship or LP)

Will employees **contribute** to this insurance? Yes No

If "Yes," is the contribution the maximum permitted by law – 1/2 of 1% of wages, but not more than \$.60 a week?

Yes No Other _____

Brokerage Firm: _____ Attention: _____

Address: _____ Date: _____

Phone: _____ Fax: _____ E-mail: _____

[DBL Application 04/2007]

ADDITIONAL EMPLOYERS AND/OR LOCATIONS

Legal Name	Location Address	Mailing/Billing Address	Subsidiary To Be Billed Separately?		Number of Employees		UI INS. NO. FED TAX ID NO.
			Y	N	M	F	
							UI# _____ FED# _____
							UI# _____ FED# _____
							UI# _____ FED# _____
							UI# _____ FED# _____
							UI# _____ FED# _____
							UI# _____ FED# _____
							UI# _____ FED# _____
							UI# _____ FED# _____