

NEW YORK STATE DISABILITY
QUICK QUOTE

Company name: _____

Company address: _____

Contact person name: _____

Phone: _____ Fax: _____

E-mail: _____

Number of Male employees: _____ Number of Female employees: _____

Are owners covered under your current plan { } yes { } no

Do you offer any supplemental disability insurance to your employees { } yes { }
no

Would you like the quote returned by { } Phone { } Fax { } E-mail

PLEASE NOTE: If you have over 50 employees you must contact our office for more
details. Thank you!