

DBL QUESTIONNAIRE – 50 LIVES & OVER

1. Employer Name	
2. N.Y. Location Address	
3. Billing Address & Contact Name	
4. Federal Tax ID # & N.Y. Unemployment Ins #	
5. Nature of Business	
6. # of New York Male & Female Employees	Males () Females ()
7. Employee Contributions <i>(Max Contribution is \$.60 per Week)</i>	Yes () No ()
8. Requested Effective Date	
9. For Policyholders that are an LLC, or LLP, please indicate if coverage for Partners is desired.	Yes () No () <i>If yes, we will need Name, D/O/B & Social Security # for All Partners, Proprietors to be covered.</i>
10. Names of any Subsidiaries or Participating Firms (if any) <i>(Indicate Full Legal Name, FED ID #, NY UI # and # of Employees for Each Subsidiary)</i>	
11. Special Services W2 Services Employer FICA Match Services	Yes () No () Yes () No ()
12. Out of State Coverage <i>(List # of Male and Females by State)</i>	

With the above, please attach the last 3 years, premium, claims and rate history.

Any questions, please contact a Member of the Statutory Disability Team:

Fitz Blackman, Anthony B. Cortese or Mark D. Wintjen

Reuben Warner Associates

1655 Richmond Avenue

Staten Island NY 10314

(718) 477- 3700 or 1(800) 421 – 3005

Fax: (718) 477 – 7366

