|  |  |
| --- | --- |
| *logo with map crop* | Reuben Warner Associates Inc.1655 Richmond AvenueStaten Island, NY 10314[www.rwarnerinc.com](http://www.rwarnerinc.com/)[RWA LinkedIn](https://www.linkedin.com/company/reuben-warner-associates-inc./)  |

# DBL & PFL Questionnaire

## Applicant Information

|  |  |
| --- | --- |
| Employer Name: |  |
|  |
| NY LocationAddress: |  |
|  |
| Billing Address: |  |
|  |
| Contact Name and Email Address: |  | Telephone Number: |   |
|  |
| Federal Tax ID#: |  | NY Unemployment #: |  |
|  |
| Nature of Business & 4-digit SIC code: |  |
|  |
| Requested Effective Date: |  |
|  |
| Number of Employees to be insured: |  Males: |  |  Females: |  |  |
| *(Includes both Part time and Full time employees)* |
|  |
| Employee DBL contributions (up to a maximum of $0.60 per week) | YES[ ]  | NO[ ]  |
|  | *Double click on check boxes to fill-in* |
|  |  |
| Covered Employees’ Total Annual Payroll: |  |
| *(For NY Employees Only)* |
|  |
| For Policyholders that are an LLC or LLP, please indicate if coverage for partners in desired.  | YES[ ]  | NO[ ]  |
|  |  |  |
| If yes, please provide the names, D/O/B, and SSN of all proprietors to be covered: |  |
|  |
|  |
|  |
|  |
|  |
| Names of Subsidiaries or Participating Firms (if any). If yes, Indicate Full Legal Name, FED ID #, NY UI # and # of Employees for Each Subsidiary: |
|  |
|  |
|  |
| Separate billing for the above entities: | YES[ ]  | NO[ ]  |

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| Non-Statutory Coverage |
| DBL Coverage may be extending to employees working outside of New York, excluding CA, RI, PR, HI & NJ. |
| (PFL Coverage **cannot** be extended to out-of-state employees) |
| Complete the following chart for any out-of-state employees who wish to be covered: |
|  |

|  |  |  |
| --- | --- | --- |
| Non-Statutory State | # of Employees (M/F) | Location Address |
|  |  |  |
|  |  |  |
|  |  |  |
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| For Employers with over 50 eligible employees working in New York: |
| Please indicate if W2 services are desired: | YES[ ]  | NO[ ]  |  |
|  |  *Double click on check boxes to fill-in* |
| Please indicate if ER FICA Match services are desired: | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
| Current Inforce Insurance Carrier:  |  |

|  |  |
| --- | --- |
| Please provide the last 3 years of claims experience: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Premium | Claims | Rate |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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| --- |
| Please contact our team with any questions: |

|  |  |  |
| --- | --- | --- |
| Anthony Cortese | Abcortese@rwarnerinc.com  | 718.477.7370 |
| **Mark Wintjen** | **Mwintjen@rwarnerinc.com** | **718.477.7371** |
| **Fitzroy Blackman** | **Fblackman@rwarnerinc.com** | **718.477.7374** |
| **Kimberly Machnach** | **Kmachnach@rwarnerinc.com** | **718.477.7383** |
| **Gabrielle Balestrieri** | **Gbalestrieri@rwarnerinc.com** | **718.737.7282** |

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| “Your success is our goal.” |