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**NY DBL Quick Quote Request**  
(50+ Employees) – NY Disability Benefits Law Insurance

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

To <a href="mailto:dbunderwriting@amtrustgroup.com">dbunderwriting@amtrustgroup.com</a>	From
Fax 800.584.9370	Fax
Phone 646.458.3561	Phone
	Email

RISK NAME \_\_\_\_\_ Proposed Effective Date \_\_\_\_\_  
Nature of Business \_\_\_\_\_ FEIN# \_\_\_\_\_  
Current Carrier \_\_\_\_\_ Effective Date \_\_\_\_\_

Coverage (please mark with X) Statutory \_\_\_\_\_ Enriched (specify) \_\_\_\_\_  
Total #NY Employees \_\_\_\_\_ Males \_\_\_\_\_ Females \_\_\_\_\_ Add'l # working outside NY 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**

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

**Remarks**

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