



AmTrust North America
An AmTrust Financial Company

59 Maiden Lane, 43rd Floor
New York, NY 10038
800.535.2711
www.AmTrustDB.com

**REQUEST FOR DB-120.1 CERTIFICATE OF INSURANCE
UNDER THE NYS DISABILITY BENEFITS LAW**

TO: AmTrust North America
Attn: NY DBL Certificate of Insurance Unit

FAX: 800.584.9370
Email: DB1201Request@amtrustgroup.com

DATE: _____

REQUESTOR: _____

FAX: _____

PHONE: _____

INSTRUCTIONS: Please complete all sections below. The Name of Insured must be the same as AmTrust records. The DB-120.1 can only be issued to the policyholder of record.

Forms received by 3:00 pm will be processed the same day. The original DB-120.1 will be mailed to the insured employer. A copy will be faxed to the requestor.

The DB-120.1 Certificate of Insurance will be effective for one (1) year from the date of request.

<p>Legal Name and Address of Insured (use street address only):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Business Telephone Number</p> <p>(____) ____ - ____</p> <p>NYS Unemployment Insurance Employer Registration Number:</p> <p>Federal Employer Identification Number (FEIN) or Social Security Number:</p> <p>_____</p>
<p>Name and Address of the Entity requesting Proof of Coverage (Entity being listed as the Certificate Holder i.e. Dept of Buildings):</p> <p>_____</p> <p>_____</p>	<p>Wesco DBL Policy #WDL - _____</p>

List additional Certificate Holders on next page.

Name and Address of additional Entities requesting Proof of Coverage (Entity being listed as the Certificate Holder):

Policy #WDL- _____
