



DISABILITY INSURANCE QUOTATION

Please complete the requested information below for quotation of Disability Insurance Policy. Infotax Square representative will begin processing your order upon receipt of payment.

CONTACT INFORMATION

First, Last Name: _____

Contact Address: _____

City, State, Zip: _____

Telephone Number: (_____) _____ - _____

Fax Number (if any): (_____) _____ - _____

Email Address: _____

BUSINESS OVERVIEW

Type of Entity: Sole Proprietor Corporation LLC Partnership Other: _____

Entity Name: _____

DBA/Assumed Name: _____

Date of Formation _____ State of Formation: _____

Employer ID Number: _____ Unemployment Tax ID (if any): _____

Entity Address:
(if different from above) _____

City: _____ State: _____ Zip: _____ C-o-u-n-t-y _____

OFFICERS / DIRECTOR INFORMATION

NOTE: If you need more space please use a blank paper to fill in the information.

1. Officer / Director Name: _____ Title: _____

Complete Address: _____

Telephone: _____ Fax (if any): _____

Duties: _____ Annual Salary: _____

2. Officer/member Name: _____ Title: _____

Complete Address: _____

Telephone: _____ Fax (if any): _____

Duties: _____ Annual Salary: _____

3. Officer/member Name: _____ Title: _____

Complete Address: _____

Telephone: _____ Fax (if any): _____

Duties: _____ Annual Salary: _____

Do You want to Exclude Officers Yes No



INSURANCE INFORMATION

Requested effective date of Insurance: _____ (MM/DD/YYYY)

Have you ever been insured for Disability Insurance? Yes No

If Yes, Explain: Name of Insurer: _____ Year _____

Policy Number: _____ Annual Premium _____

Reason for Cancellation: _____

Have you ever been in business under different name? Yes No

If Yes, Explain: Entity Name: _____

DBA/Assumed name(if any): _____

Employer ID Number: _____

Number of Employees: Male _____ Total Annual Salary: _____

Female _____ Total Annual Salary: _____

Number of Locations to be covered under Disability Insurance in New York State: _____

Nature of business, describe in detail:

PAYMENT OPTIONS

Check (payable to INFOTAX SQUARE): Mail to: 109-13 Centerville Street, Suite 3R, Ozone Park, NY 11417

CREDIT CARD: This authorizes Infotax Square to charge my credit card.



Card Type: Visa Master Card American Express Discover

First, middle, last Name: _____

Card Number: _____

Expiration Date: _____

The undersigned hereby represents and warrant that he/she duly authorizes Infotax Square to charge his/her credit card for the above services rendered.

Name / Signature

You can mail the form at:
Infotax Square
109-13 Centerville Street, Suite 3R
Ozone Park, NY 11417
Fax at: 718-732-2471