

## Disability Insurance Quotation

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

### CONTACT INFORMATION (This is where we will ship your documents)

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suite/Apt: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### BUSINESS OVERVIEW

Type of Entity:   
 Name of Entity: \_\_\_\_\_  
 DBA/Assumed Name: \_\_\_\_\_  
 State of Formation:   
 Date of Formation: \_\_\_\_\_ (mm/dd/yyyy)  
 Employer ID Number: \_\_\_\_\_  
 Unemployment Tax ID (if any): \_\_\_\_\_  
 Address: \_\_\_\_\_ (if different from the above)  
 Suite/Apt: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 County: \_\_\_\_\_

### OFFICERS/DIRECTORS INFORMATION

#### OFFICER 1

Full Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone, Fax: \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Annual Salary: \_\_\_\_\_

**OFFICER 2**

Full Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone, Fax: \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Annual Salary: \_\_\_\_\_

**OFFICER 3**

Full Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone, Fax: \_\_\_\_\_  
 Duties: \_\_\_\_\_  
 Annual Salary: \_\_\_\_\_

Do you want to exclude officers:  Yes  No

**INSURANCE INFORMATION**

Requested effective date of Insurance: \_\_\_\_\_ (mm/dd/yyyy)  
 Number of Employees (Male): \_\_\_\_\_  
 Total Annual Salary (Male): \_\_\_\_\_  
 Number of Employees (Female): \_\_\_\_\_  
 Total Annual Salary (Female): \_\_\_\_\_  
 Number of Locations to be covered under Disability Insurance: \_\_\_\_\_  
 Have you ever been insured for Disability Insurance:  Yes  No  
 \*If 'Yes' fill out the below information.  
 Name Of Insurer: \_\_\_\_\_ Year: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Annual Premium: \_\_\_\_\_  
 Reason for Cancellation: \_\_\_\_\_

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

\*If 'Yes' fill out the below information.

Entity Name: \_\_\_\_\_ DBA/Assumed Name (if any): \_\_\_\_\_  
 Employer ID Number: \_\_\_\_\_

Nature of business, describe in detail:

\_\_\_\_\_

\_\_\_\_\_

CARDHOLDER INFORMATION

- Check (payable to INFOTAX SQUARE): Our Mailing Address <http://www.infotaxsquare.com/contact.html>
- CREDIT CARD: This authorizes Infotax Square to charge my credit card for filing Certificate of Incorporation.

Card Type:  Visa  Master Card  American Express  Discover

First Last Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Phone, Fax: \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Country: \_\_\_\_\_



General Comments / Instructions:

TERMS OF USE AGREEMENT & DISCLAIMER ( Click Here For Online )

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

Free Consultation  
 +1 (866)754 4460

\_\_\_\_\_  
 Name / Signature

Official Use Only	Prepared by: _____
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**\*Important: Please save the form before submitting**