

New York Statutory Disability Insurance - DBL

Coverage	Non-occupational disability
Benefit Percentage	50% of average weekly wages
Weekly Benefit, maximum	\$170.00
Elimination Period	7 days
Benefit Duration	26 weeks per 52 week period
Pregnancy	Covered
Employee Contributions	Optional
Contribution, maximum	0.05% of earnings to \$0.60 per week

Account Information Survey

Account Name	
DBA	
Mailing/Billing Address	
Additional Named Insured	
Location(s)	
Nature of Business	
Organization (circle)	Corporation Partnership Sole Proprietor LLC
Males	
Females	
List Proprietors (if applicable)	
List Owners (of LLC if covered)	
Effective Date	
Contributory	
Desired Carrier	
Current Carrier (if applicable)	
W/C Carrier / Effective date	
Federal ID Number (required)	
Unemployment Number	
Contact Name/Number	
Producer Name/Number	

