

306 Hawley Avenue Syracuse, NY 13203

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NY Disability - DB 120.1 Certificate

Request Form:

Please complete the information below and return:

Policyholder Information:	
Business Na	ne:
Location Addr	2SS:
Requested	By:
E-N	lail:
Certificate	Holder Information:
Na	me:
Addr	ess:
Distribution	on:
E-Mai	I the Certificate to us.
E-Mai	l the Certificate DIRECTLY to the Certificate Holder
Other	: Provide details.



