

**REQUEST FORM:
DB 120.1 – Certificate of Compliance**

New York Statutory Disability Insurance – NYDBL

To request a DB 120.1, please complete the information below and return via fax or email. Please note, a DB 120.1 will not be issued on any account with an outstanding premium balance due.

ACCOUNT INFORMATION

Name: _____

Address: _____

Telephone Number: _____

Policy Carrier/ Number: _____

CERTIFICATE HOLDER

Name: _____

Address: _____

(cont.) _____

PRODUCER INFORMATION

Contact Name: Moishe Miller of TotalBen LLC

Telephone Number: 718-535-7070