



InfotaxSquare **com** [®]

Incorporate. LLC. Income Taxes. Business Taxes



Online Live Customer Support
Available 24/7

TOLL FREE
1-866-754-4460

FAX:
718-732-2471

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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: (_____) _____ - _____

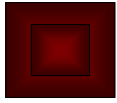
BUSINESS OVERVIEW

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: _____

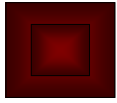
Have you ever been insured for Disability Insurance: Yes No

*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:

ORDER INFORMATION (For Pricing click here)

Infotax Square fees for getting quotation for Disability Insurance:	
<i>Note: If you agree to the quotation and would like to apply for it additional Infotax Square fees \$75.00 + annual premium for the policy (which will be paid to your insurance carrier) will be charged.</i>	

CARDHOLDER INFORMATION

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 for filing Certificate of Incorporation.



Card Type: Visa Master Card American Express Discover

First Last Name: _____

Billing Address: _____ City, State, Zip _____

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.

Name / Signature

Official Use Only - Prepared by: _____

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