

# Marshall and Sterling Insurance

## GROUP DISABILITY QUOTE

Name or Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Employee Participation:      Full      Partial      # of employees participating \_\_\_\_\_

### Each Employee:

Name	Age	Sex	Date of Hire	Salary	Job Title

**Please fax or mail completed form to:**

Marshall & Sterling Insurance  
300 Route 23B  
Leeds, NY 12451  
800-724-0695  
518-943-3900  
518-943-7440, fax  
www.marshallsterling.com/leeds  
grs@marshallsterling.com