

**REQUEST FORM:**

**DB 120.1 – Certificate of Compliance**

New York Statutory Disability Insurance – NYDBL

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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:

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Address:

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Telephone Number:

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Policy Carrier/Number:

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**CERTIFICATE HOLDER**

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**PRODUCER CONTACT**

Name:

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Email:

Phone:

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Return completed form:

**MSM General Agency, Inc.**

**Fax: (718) 979-3791**

**MSMGeneralAgency@SI.RR.com**