piag
Insurance Services

PIAG INSURANCE SERVICES

Disability Quote Form

YOU MAY SUBMIT THIS FORM ELECTRONICALLY. For your convenience, this form is fillable in Acrobat and may be submitted electronically. Save the file when completed and email to James Villanueva at jamesv@piag.org. To submit via fax, you may print and send to: 770.433.3066.

General Info

Company Name: _____

Address: _____

City/State/Zip: _____ County: _____

Type of Business: _____

Current Carrier: _____ Effective Date: _____

Phone Number: _____ Fax Number: _____

Contact Person: _____

Employer Contributions

Please write in percent employer pays_____

Employee Information

Employee	Gender	Age or DOB	Occupation	Rate of Pay	Pay Frequency *(weekly, biweekly, monthly)*

Contact **James Villanueva** with questions: **phone** 404.838.8554 | **fax** 770.433.3066 | **email** jamesv@piag.org