

## Dental Business Owners Policy and Worker's Compensation

### Quick Quote Form

(The information requested on this form will allow us to request a premium indication from multiple insurance carriers on your behalf. Should you choose to accept one of these quotes, a formal application with your signature will need to be completed)

Full Legal Name of Business \_\_\_\_\_

Business Entity: LLC \_\_\_ Sole Proprietor \_\_\_ Partnership \_\_\_ Corporation \_\_\_ DBA \_\_\_ Other \_\_\_\_\_

Your Name \_\_\_\_\_ GP or Specialist \_\_\_\_\_

Mailing address: \_\_\_\_\_

Location address if different: \_\_\_\_\_

(please list additional locations on a separate page)

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_ Email \_\_\_\_\_

How many years have you been in practice? \_\_\_\_\_

How many years have you practiced at this location? \_\_\_\_\_

Date your current business started \_\_\_\_\_

Current business owner's coverage insurance carrier \_\_\_\_\_

Current business owner's insurance premium \_\_\_\_\_ Expiration date of current policy \_\_\_\_\_

Date quote is needed by \_\_\_\_\_

Have you had any losses or claims in the last 5 years on your business policy? \_\_\_\_\_

If yes, please give a description of the loss, the date of the loss, the amount paid and whether the claim is now open or closed. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you own the building or lease/rent the office space? \_\_\_\_\_

Year built \_\_\_\_\_ Square footage of building \_\_\_\_\_ Square footage you occupy \_\_\_\_\_

If you are not the only building occupant, please list the other businesses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Construction type: Masonry \_\_\_ Frame \_\_\_ Masonry with wood joists \_\_\_ Other \_\_\_\_\_

Year of most recent updates to: Roof \_\_\_\_\_ Heating \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_

Type of heat \_\_\_\_\_ If boiler, please describe and give age \_\_\_\_\_

Is the building 100% sprinklered? \_\_\_\_\_

Is there a burglar alarm? \_\_\_\_\_ Local alarm \_\_\_\_\_ Central Station alarm \_\_\_\_\_

Is there a fire alarm? \_\_\_\_\_ Local alarm \_\_\_\_\_ Central Station alarm \_\_\_\_\_

How many stories is the building? \_\_\_\_\_

Are there elevators in the building? \_\_\_\_\_ How many? \_\_\_\_\_

If you own the building, what is the building value? \_\_\_\_\_ (How much is it insured for on current policy)

Value of business personal property (i.e. equipment, office furniture, supplies, computers) \_\_\_\_\_

Any single piece of equipment valued over \$20,000 \_\_\_\_\_

If yes, please describe and give value \_\_\_\_\_

Deductible on current policy \_\_\_\_\_

Do you have a mortgage on the building or a loss payee on the business or business equipment? If so, please give full name and address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any other additional insureds that should be listed? (i.e. landlord) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Worker's Compensation

Federal ID # \_\_\_\_\_  
Number of full time employees \_\_\_\_\_  
Number of part time employees \_\_\_\_\_  
Total annual payroll for all employees including owners/officers \_\_\_\_\_  
If you are incorporated, are the executive officers excluded from coverage? \_\_\_\_\_  
Amount of payroll for owners/executive officers only \_\_\_\_\_  
Annual gross receipts \_\_\_\_\_  
Do you have any employment benefit plans? (i.e. health insurance or retirement) \_\_\_\_\_  
ERISA required? \_\_\_\_\_  
Do you have a formal written safety protocol? \_\_\_\_\_

### Professional Liability

State License number \_\_\_\_\_ Years in practice \_\_\_\_\_  
Current Insurance company \_\_\_\_\_ Expiration date \_\_\_\_\_  
Policy form: Occurrence \_\_\_\_\_ Claims Made \_\_\_\_\_  
If Claims Made, Retroactive date (found on policy declarations page) \_\_\_\_\_  
Current policy limits:  
\$250,000/\$750,000 \_\_\_\_\_ \$1,000,000/\$1,000,000 \_\_\_\_\_ \$1,000,000/\$3,000,000 \_\_\_\_\_  
\$2,000,000/\$4,000,000 \_\_\_\_\_ \$3,000,000/\$5,000,000 \_\_\_\_\_ \$5,000,000/\$5,000,000 \_\_\_\_\_  
Have any claims been made against you in the past 10 years? \_\_\_\_\_  
If yes, please describe and give year and amount paid out \_\_\_\_\_

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Do you administer Conscious sedation? \_\_\_\_\_  
Do you administer General Anesthesia? \_\_\_\_\_  
Do you administer Botox or dermal fillers? \_\_\_\_\_  
Have you taken a risk management course in the past 3 years? \_\_\_\_\_ If yes, year \_\_\_\_\_  
Do you belong to :  
ADA \_\_\_\_\_ AGD \_\_\_\_\_ PDA \_\_\_\_\_ AAWD \_\_\_\_\_ AAP \_\_\_\_\_  
AAPD \_\_\_\_\_ AAOMS \_\_\_\_\_ AAE \_\_\_\_\_ AAO \_\_\_\_\_ APS \_\_\_\_\_  
How many hours a week do you treat patients? \_\_\_\_\_  
Approximately how many patients do you see a week? \_\_\_\_\_  
Approximately how many walk-in patients do you see a week? \_\_\_\_\_  
Are you employed 100% by another dentist or dental organization? \_\_\_\_\_