Dentist Professional Liability
Quick Quote Form

(A premium indication will be given based on the information gathered below. If you should choose to accept the quote from our carrier, an additional application will need to be completed and signed)

1. Named Insured: ____
2. Name of Practice: ____
3. Principal Practice Location: ____

   City__________________ County_________________ State______ Zip code______________
4. Phone ________________ Fax __________________ Email ____________________________
5. Type of Practice: General Dentistry ____ Orthodontics _____ Oral Surgeon _____ Other_____
   a. If Other, please specify:____
6. Years in Practice ________ Year Graduated Dental School ________
7. State License number ________________________
8. Current policy form: Occurrence form _________ Claims Made form _______
9. If Claims made form, give current retroactive date (located on front page of policy) ___________
10. Current Insurance company __________________ Effective Date of policy _________________
11. Liability limits requested:
    a. $250,000/$750,000____ b. $1,000,000/$1,000,000____ c. $1,000,000/$3,000,000 ____
    d. $2,000,000/$4,000,000____ e. $3,000,000/$5,000,000 ____ f. other______________
12. Have any claims been made against you in the past 10 years? No_____ Yes_____

    If yes, please provide a brief explanation____
13. Are you currently aware of any situation that could lead to a malpractice suit against you?

    No ____ Yes____
14. Do you administer IV/IM conscious sedation? No_____ Yes _____
15. Do you administer General Anesthesia? No _____ Yes _____

    If Yes, in anesthesia administered in: Office _____ Hospital_____ Surgical Center _____
16. Do you administer Botox or dermal fillers? No _____ Yes _____
17. Have you taken a Risk Management course in the last 3 years? No _____ Yes_____ Date _____
18. Are you employed 100% by another dentist or dental organization? No _____ Yes _____
19. How many hours a week do you treat patients? _________
20. Do you belong to any of the following: Please circle

    ADA AGD AAWD AAP AAPD AAOMS

    AAE AAO AAPS AACD Other ________