



DENTAL PROFESSIONAL LIABILITY
BALLPARK QUOTE FORM



Your Name
Mailing Address
City County State Zip
Primary Practice Location:
Street City State Zip
Number of locations where you practice
Phone Fax
Email Address Web Address: www.
Hours Practiced Per Week Years In Practice
Best Way to Contact Phone Email Fax
Contact Person Now Closer to My Expiration/ Renewal Date
Attach a copy of your last declarations page(s) including any retroactive dates or complete the following:
Current Carrier Current Premium
Current Limits / Current Deductible Per Claim Yes No
Current Coverage Occurrence Claims-Made, Retroactive Date
Current Expiration Date

Table with 5 columns: Indicate Your Practice Specialty, General Dentistry, Orthodontics, Public Health, Endodontics, Pediatric Dentistry, Full-Time Faculty - Non-Intramural, Oral/ Maxillofacial Surgery, Periodontics, Anesthesiology (Dental) - Conscious Sedation, Oral Pathology, Prosthodontics, Anesthesiology (Dental) - General Anesthesia, Oral Radiology

Do You Own Your Own Practice? Yes No
Are You: Incorporated Partnership L.L.C. L.L.P Sole Proprietor
Do you wish a separate limit of liability to apply to this entity? Yes No
Do you work for another dentist as an independent contractor dentist? Yes No
If Yes, at how many locations do you practice at each week?
Is your practice limited to the use of local anesthesia, oral medication and/ or nitrous oxide? Yes No
Are you treating patients who are under conscious sedation? Yes No
Are you treating patients who are under general anesthesia/ deep sedation? Yes No
If Yes, where are the procedures performed? In your office In hospital or surgical center
If "In Your Office", who administers the anesthesia? You Another Dentist, Anesthesiologist or CRNA
Have you taken one of the following risk management seminars in the last 3 years? Princeton NYSDA AAO AAOMS Harford CNA
If Yes, provide date and evidence of attendance. Date:

Loss Information- Tell us about any claims made against you in the past 5 years.
No known claim history

Table with 4 columns: Date Reported, Details, Open/ Closed, Dollar Amount

Professional Services Plans
3101 W Martin Luther King Jr. Blvd, Ste 400, Tampa, FL 33607
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