

**DENTISTS PROFESSIONAL LIABILITY INSURANCE**

(Claims Made Basis)

**APPLICANT'S INSTRUCTIONS:**

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. Please do not complete application earlier than 45 days before proposed effective of coverage.
4. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.  
(PLEASE TYPE OR PRINT IN INK)

**1. APPLICANT INFORMATION**

- a. Full Name of Individual Applicant: \_\_\_\_\_ Professional Degree: \_\_\_\_\_
- b. Applicant's Date and Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_
- c. Principal Business Address: \_\_\_\_\_
- d. Secondary Locations: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Federal DEA #: \_\_\_\_\_
- e. Are you a U.S. citizen? [ ] Yes [ ] No  
 If No, please indicate your status and your date of entry into the U.S.A. on a separate sheet.
- f. Requested Limits: \_\_\_\_\_ (per claim) \_\_\_\_\_ (agg.) \_\_\_\_\_ Deductible \_\_\_\_\_ Effective Date \_\_\_\_\_

**2. YOUR EDUCATION**

- a. Dental School: \_\_\_\_\_  
 Graduation Date: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 (City) (State) (Country)
- b. Internship at (include location): \_\_\_\_\_  
 During the years \_\_\_\_\_  
 Residency at (include location): \_\_\_\_\_  
 During the years \_\_\_\_\_
- c. Have you participated in continuing education within the past five years? [ ] Yes [ ] No  
 If yes, please attach details.

**3. YOUR PRACTICE**

- a. [ ] Solo Practitioner (unincorporated)  
 [ ] Professional Assoc.  
 [ ] Solo Practitioner (incorporated) [ ] Partnership  
 [ ] Employee of \_\_\_\_\_  
 (give name)  
 [ ] Professional Corp  
 [ ] Other (describe) \_\_\_\_\_
- b. For all applicants BUT employees and unincorporated solo practitioners:
- (i) Please list the names of ALL partners, employees, or members of your professional association or corporation who practice medicine: \_\_\_\_\_
- (ii) The formal corporate, association, partnership or business name: \_\_\_\_\_
- (iii) Please attach a copy of your letterhead.
- (iv) Are applications being submitted for each individual listed in Question b(i) above? [ ] Yes [ ] No  
 If No, attach explanation.







**7. CLAIMS/HISTORY (CONTD.)**

g. Please list professional liability insurance for each of the past four years (IF NONE, STATE NONE).

Insurance Co.	Policy Number	Limits of Liability	Deductible (if any)	Premium	Inception Mo./Day/Yr.	Exp Mo./Day/Yr.	Was this a Claims Made Policy Form?		Retroactive Date
							Yes	No	
_____	_____	_____	_____	_____	_____	_____	[ ]	[ ]	_____
_____	_____	_____	_____	_____	_____	_____	[ ]	[ ]	_____
_____	_____	_____	_____	_____	_____	_____	[ ]	[ ]	_____

h. Has any insurance company or Lloyd's ever canceled, declined, refused to renew or accepted your malpractice insurance only on special terms? [ ] Yes [ ] No

If Yes, please give details.

\* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless the extended reporting period option is exercised in accordance with the terms of the policy.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I/We authorize the release of claim information from any prior insurer to Shand Morahan & Company, Inc., Underwriting Manager for the Company.**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.