

Business Liability Insurance Application

Fireman's Fund Insurance Companies, 7877 San Marin Drive, Novato, CA 94998

A. GENERAL INFORMATION

1. **NAME OF INSURED** _____
2. **LOCATION ADDRESS:** _____
STREET

CITY COUNTY STATE ZIP CODE
- 3a. **PHONE** (____) _____ **b. FAX** (____) _____
4. **REQUESTED EFFECTIVE DATE** ____/____/____
5. **URL:** _____

B. COVERAGE INFORMATION

1. When did you start private practice? ____/____/____ M D Y 2. Requested Effective Date: ____/____/____ M D Y

BUSINESS LIABILITY COVERAGES

Your Dental Professional Liability Limits	General Liability <small>(your premises and operations), Hired & Non-Owned Automobiles, Employee Benefits, Administration Liability</small>	Employment Practices Liability*	Medical Waste Legal Expense Reimbursement
	Per Occurrence (Claim)/Aggregate	Per Claim/Aggregate	Per Suit/Aggregate
<input type="checkbox"/> 1. \$500,000/\$1,500,000	\$500,000/\$1,500,000	\$5,000/\$5,000	\$50,000/\$50,000
<input type="checkbox"/> 2. \$1,000,000/\$3,000,000	\$1,000,000/\$3,000,000	\$5,000/\$5,000	\$50,000/\$50,000
<input type="checkbox"/> 3. \$2,000,000/\$6,000,000	\$2,000,000/\$4,000,000	\$5,000/\$5,000	\$50,000/\$50,000
<input type="checkbox"/> 4. \$3,000,000/\$6,000,000	\$2,000,000/\$4,000,000	\$5,000/\$5,000	\$50,000/\$50,000
<input type="checkbox"/> 5. \$4,000,000/\$6,000,000	\$2,000,000/\$4,000,000	\$5,000/\$5,000	\$50,000/\$50,000
<input type="checkbox"/> 6. \$5,000,000/\$6,000,000	\$2,000,000/\$4,000,000	\$5,000/\$5,000	\$50,000/\$50,000

* Employment Practices Liability: \$5,000 limit may be increased. Please check with your agent for a quote.

3. Current Insurer: _____ **a. \$** _____ **b. \$** _____
NAME OF INSURANCE COMPANY LIMITS OF LIABILITY ANNUAL PREMIUM
4. In which state(s) are you licensed to practice and what percentage of time do you practice there?
a. _____ **b.** _____
STATE LICENSE # % OF PRACTICE STATE LICENSE # % OF PRACTICE

C. YOUR PRACTICE

1. Do you own your own practice? Yes No
 (If No, Skip to Question 2)
- a.** _____
NAME OF BUSINESS
- b. #** _____
IRS NUMBER
- c.** Are you incorporated? Yes No
 If "Yes", date of incorporation ____/____/____
- d.** Do you employ other dentist(s)? Yes No
 If "Yes", how many dentists in practice _____
- e.** Are other dentist(s) under contract with you to provide services? Yes No
 If "Yes", please provide a copy of the current Professional Liability Declaration Page for each.
- f.** Do you share, lease or own office space with another dentist? Yes No
- g.** How many operatories does your office have? _____
- h.** Do you employ or contract any dental auxiliary or other office staff? Yes No
 If "Yes", please provide the number of each employed:
 _____ Dental Assistants _____ Dental Hygienists
 _____ Nurse Anesthetists _____ Lab Technicians
 _____ Other Office Staff
- i.** Do you comply with all federal and local guidelines when disposing of medical wastes? Yes No
2. **a.** Are you a salaried employee of another dentist? Yes No
b. Are you providing services under contract to another dentist? Yes No
c. Are you associated with another dentist? Yes No
 If you answered "Yes" to any item in 2 above, please provide a copy of the Practitioner's current Professional Liability Declaration Page.
3. Are you associated with a physician or surgeon? Yes No

D. OTHER EXPOSURE INFORMATION

1. Do you own or operate a dental laboratory? Yes No
If "Yes", please estimate percentage of work applicable to your own patients _____ %
2. Do you own or operate any other business enterprise? Yes No
If "Yes", please describe:

3. Have you signed any contractual agreements where you have agreed to provide services to others? Yes No
Please identify parties to the contract and describe services:

4. Have you agreed to hold any other party harmless for services you perform? Yes No
5. Do you utilize a collection agency? Yes No
If "Yes", does this agency have the authority to file a collection suit at its own discretion? Yes No
6. Please identify any additional insureds requested to be named on the policy applied for:

LESSOR OF LEASED PREMISES:

LESSOR OF LEASED EQUIPMENT:

OWNER OF PREDECESSOR PRACTICE:

OTHER, PLEASE EXPLAIN:

E. CLAIMS AND EXPERIENCE INFORMATION

1. Have any claims been made against you in the last five years arising out of:
- a. liability for your office premises including damages from water or fire to leased premises? Yes No
 - b. liability arising out of the use of automobiles not owned by you? Yes No
 - c. claims for benefits for your employees arising out of your administration of those benefits? Yes No
 - d. allegations of sexual harassment, unfair discrimination or other wrongful employment practices? Yes No
 - e. violation of any rule or law regulating the disposal of medical wastes? Yes No

FRAUD WARNING NOTICE

Any Person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In New York, such person shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FAIR CREDIT REPORTING ACT

This notice is given to comply with the Federal Fair Credit Reporting Act (Public Law 91-509) and any similar state law which is applicable. As part of our underwriting procedure, a routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living.

I understand any policy issued will rely on the truth of the statements and representations I have made herein and that false or misleading statements or misstatement or misrepresentations may result in a denial of coverage for any claim which may be made under the insurance for which application is made hereunder.

I hereby authorize and direct any person or organization to release and furnish to the Insurance Company any and all information requested which may relate to my insurability under the Dentist's Advantage Professional Liability Policy.

X

APPLICANT'S SIGNATURE

DATE

Application is made to one of the Fireman's Fund Insurance Companies. This program is only available within the United States, Virgin Islands, and Puerto Rico. Coverages, rates and limits differ in some states. Availability of this program is subject to each state's approval.

Dentist's Advantage is a division of Affinity Insurance Services, Inc.; in NY and NH, AIS Affinity Insurance Agency; in MN and OK, AIS Affinity Insurance Agency, Inc.; and in CA, AIS Affinity Insurance Agency, Inc. dba Aon Direct Insurance Administrators License #0795465.

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Dentist's Advantage