

**THE DENTIST'S ADVANTAGE QUICK QUOTE REQUEST FORM**

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PLEASE COMPLETE AND RETURN BY MAIL OR FAX FOR AN ESTIMATED PREMIUM QUOTATION FOR YOU AND YOUR PRACTICE.

YOUR NAME \_\_\_\_\_

PRACTICE NAME (PARTNERSHIP, PA, PC, CHTD, ETC.) \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

**PROFESSIONAL LIABILITY**

Do you treat patients who have been administered:

Dentists to be insured:	Practice Specialty	Local including N2O	Conscious Sedation	General Anesthesia	Association Memberships
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Is any Dentist to be insured an Oral Surgeon?

Limits of Liability: \_\_\_\$1,000,000/\$3,000,000 \_\_\_\$3,000,000/\$6,000,000 \_\_\_\$5,000,000/\$6,000,000  
 \_\_\_\$2,000,000/\$6,000,000 \_\_\_\$4,000,000/\$6,000,000

Type of Coverage \_\_\_ Occurrence \_\_\_ Claims Made.  
 If Claims Made, What is your Retroactive Date? \_\_\_\_\_  
**OR** How many years have you been insured on the Claims-Made Policy form? \_\_\_\_\_

Are you now insured?	Yes	No
Insurance Company	_____	
Policy Effective Date	_____	
Premium	_____	

Are you a "New" practitioner within the last 3 years? \_\_\_ Yes \_\_\_ No  
 (Graduation Date \_\_\_/\_\_\_/\_\_\_)

Have you had any professional liability claims in the last 5 years? \_\_\_ Yes \_\_\_ No  
 If yes, please provide a description \_\_\_\_\_

Have you attended a Risk Management Seminar in the last 3 years? \_\_\_ Yes \_\_\_ No

**PRACTICE PROPERTY AND LIABILITY**

What would it cost to replace the contents of your office, including operatory equipment, furniture, fixtures, records, supplies, improvements and betterments, stock, etc. \_\_\_\_\_ How Many Operatories? \_\_\_\_\_

Do you own the office building? \_\_\_ Yes \_\_\_ No If yes, What is the current amount of insurance coverage? \$ \_\_\_\_\_

Please check the best description of the construction of the building.  
 \_\_\_ Wood Frame Walls  
 \_\_\_ Brick or concrete block with wood deck floors and/or ceilings  
 \_\_\_ Brick, concrete, or concrete block walls with concrete or metal joist floors/ceilings  
 \_\_\_ Fire resistive construction with all metal and/or concrete walls, floors, and ceilings

Does the building have a sprinkler system? \_\_\_ Yes \_\_\_ No  
 Are you the only occupant (or occupy 75%) of your building? \_\_\_ Yes \_\_\_ No

**Program Information and Practice Articles available at**

**www.DentistFile.com**

PO Box 3436, Laurel, MD 20709

# Dentists Advantage

**Choose the coverage that's  
right for you,  
*Underwritten by Fireman's Fund***

Endorsed by the  
**Academy of General Dentistry**  
and other dental organizations.

Program Information and Practice Articles  
available at  
[www.DentistFile.com](http://www.DentistFile.com)

## Professional Liability Insurance

**COVERAGE can be written on the Occurrence or Claims-Made Policy Form**

**Additional coverages at *no extra cost*:**

- First Aid Coverage
- Association or Committee Coverage
- Your Writing of Books, Papers & Articles
- Contractual Liability Coverage
- Defense Coverage for Regulatory Investigations
- Defense Coverage for Allegations of Sexual Misconduct with a patient.

**Do you practice in a Corporation, LLC or Partnership? Dentists Advantage will include a separate limit of liability for your practice entity WITH NO ADDITIONAL CHARGE.**

**Premiums based on your practice characteristics.** Discounts are available for new dental practitioners, part-time doctors, teaching/ faculty, risk management and more.

**GENEROUS RETIREMENT "TAIL" BENEFITS**

***New*** Dentists Advantage now automatically includes Mechanical, Electrical and Power Equipment Coverage.

## Add Office Liability Coverage

**GENERAL LIABILITY INCLUDING:**

- Contractual Liability
- Products Liability
- Personal Injury & Advertising Liability

**EMPLOYMENT PRACTICES COVERAGE**

Protects you against claims alleging sexual harassment, discrimination or wrongful discharge.

**MEDICAL WASTE DEFENSE**

**PREMISES MEDICAL PAYMENTS**

**FIRE AND WATER LEGAL LIABILITY**

**HIRED & NON-OWNED AUTO LIABILITY**

**EMPLOYEE BENEFIT ADMINISTRATION LIABILITY**

## Add Property Coverage

**PROTECTION FOR YOUR BUILDING, GLASS AND SIGNS**

Includes coverage for your business personal property, including dental office equipment and instruments.

**PRACTICE PROPERTY** Coverage for practice property and charts, X-rays, records and papers.

**PRACTICE INTERRUPTION** - 3 ways to receive benefits

**FLOOD COVERAGE** Pays up to \$250,000 for damages due to flood or mud slides.

**COMPUTER & MEDIA COVERAGE**

**OFF-PREMISES POWER & WATER INTERRUPTION**

**SEWER BACKUP**

**OPTIONAL EARTHQUAKE COVERAGE**

Available in most states.