



THE REDWOODS GROUP INSURANCE PROGRAM FOR DENTISTS
 W. Bryan Lau, CPA
 PO Box 3436, Laurel, MD 20709
 301-470-6126 Fax 301-470-3634



ENDORSED BY
 National Society of Dental Practitioners

Name _____ Telephone (____) _____ Fax (____) _____
 Street _____ E-mail _____
 _____ Principal place of practice: State _____ County _____
 City _____ State _____ Zip _____ Do you have access to the Internet? Yes No

**DENTAL PROFESSIONAL LIABILITY INSURANCE
 REQUEST FOR QUOTATION**

Expiration Date of Current Policy _____ Current Carrier _____
 Year Graduated _____ Year Licensed _____ License # _____
 Are you presently insured in a claims-made program? Yes No Retroactive Date _____

Please indicate the quotation you are requesting:
 You may request quotations for one or more programs as well as various coverage limits.

<u>Program Desired</u>	<u>Limits Desired</u>	
<input type="checkbox"/> Occurrence	<input type="checkbox"/> \$500,000 / \$1,500,000	<input type="checkbox"/> \$1,300,000 / \$3,900,000 (Only available in New York)
<input type="checkbox"/> Claims-Made	<input type="checkbox"/> \$1,000,000 / \$3,000,000	<input type="checkbox"/> \$2,000,000 / \$4,000,000 (May not be available in all states)

How many hours a week are you actually involved in the practice of dentistry?
 Do you do the surgical removal of wisdom teeth? Yes No
 Does your practice include the surgical placement of implants? Yes No
 Do you provide any cosmetic facial services including Botox injections, liposuction, or face lifts? Yes No
 Do you provide Sleep Dentistry services? Yes No
 Have you been involved in any claim, suit or incident which may give rise to a claim within the last 10 years. Yes No
 If yes, is claim open? Yes No If paid, amount \$ _____ Date closed _____
 Are you a faculty member of an accredited university dental school? Yes No
 If yes, provide the name of the school _____
 Please check the box that applies: Full time faculty - 32 hours or more per week
 Half time faculty - 16 to 32 hours per week
 Part time faculty - 15 hours or less per week
 Are you covered at the school while you practice there? Yes No
 Will this be your first malpractice insurance policy since graduating from dental school? Yes No

For a no obligation proposal, complete this form and mail it to W. Bryan Lau, CPA
 PO Box 3436, Laurel, MD 20709 Or, call toll free 877-434-2081