

180 Park Ave, Floor 1
Florham Park, NJ 07932
Phone: Aric Longo (973)315-0708

DENTAL PROFESSIONAL LIABILITY PREMIUM INDICATION FORM

Full Name: _____
City/State/Zip: _____
E-mail: _____ Phone () _____
Degree: _____ Specialty: _____

INFORMATION REGARDING COVERAGE

Requested Effective date: _____ Prior Acts/Retro Date (if applicable) _____
Desired Limits of Liability: _____
Type of policy (check one): ☐ claims made (with prior acts) ☐ claims made (without prior acts) ☐ occurrence
Have you ever been cancelled/non-renewed or declined malpractice coverage: ☐ yes ☐ no
If yes, please briefly explain: _____

INFORMATION REGARDING YOU AND YOUR PRACTICE

Year Graduated: _____ Are you entering private practice for the first time? ☐ yes ☐ no
How many hours per week are you involved in the practice of dentistry: _____
Will you be requesting separate entity coverage as well? ☐ yes ☐ no
Provide the percentage of your practice that fall into these categories (must equal 100%)

___ endodontics	___ orthodontics	___ oral surgery (simple extractions)
___ general dentistry	___ periodontics	___ pediatric dentistry
	___ oral pathology	___ prosthodontics

Do you perform extractions of bony impacted, or partially bony impacted teeth?: ☐ yes ☐ no
Do you perform any surgical placement of implants: ☐ yes ☐ no
Do you provide any cosmetic facial services including Botox injections/liposuction/face lifts: ☐ yes ☐ no
Do you perform extensive cosmetic full mouth restorations? ☐ yes ☐ no
Do you administer IV/IM Sedation or General Anesthesia: ☐ yes ☐ no
Is your practice limited to the use of local anesthesia and N2O?: ☐ yes ☐ no
Do you perform Oral Moderate Conscious Sedation (sedation dentistry)? ☐ yes ☐ no
Are you a member of either the ADA or AGD? (If yes, please circle which below)

AAPD	ADA	AGD Member	AGD Fellowship	AGD Mastership
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Have you been involved in any claim, suit or disciplinary action by the state dental board in the last 10 years?: ☐ yes ☐ no If yes, how many claims: _____ If yes, is/are claim(s) still open?: ☐ yes ☐ no
Please provide paid indemnity amount(s): _____

If you had claims, please provide the date the claim(s) were closed: _____