

Associate in Practice Quote Form

- Professional Liability
- Disability Income

Legal Name	First	Middle	Last	Suffix
Preferred Name				Graduation
Email				Mo/Year
Phone Number				
Preferred Method of Contact	<input type="checkbox"/> Email	Gender	<input type="checkbox"/> M <input type="checkbox"/> F	
<i>Select all that apply</i>	<input type="checkbox"/> Phone	Date of Birth		
	<input type="checkbox"/> Text	Specialty		

Professional Liability (Malpractice) Coverage for your work with patients

Effective Date 	Coverage Form	<input type="checkbox"/> Claims-Made
Practice Name 		<input type="checkbox"/> Occurrence
Practice Zip Code 		<input type="checkbox"/> Not Sure
Do you work an average of 30hrs/wk? <input type="checkbox"/> Y <input type="checkbox"/> N		
Who is your current carrier? 		

The following selections will impact our recommendation for which company best suits you. Please only select the items that you *know* will apply to your practice.

Select all procedures you will be performing:

- | | | |
|--------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Placement of Implants | <input type="checkbox"/> Extraction of Full Bony Impaction | <input type="checkbox"/> Therapeutic Botox |
| <input type="checkbox"/> Extraction of Partial Impaction | <input type="checkbox"/> Endo Multi-Rooted Teeth | <input type="checkbox"/> Cosmetic Botox |
| <input type="checkbox"/> Extraction of Soft Tissue Impaction | <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Dermo Fillers |

Select all the types of anesthesia you will be administering:

- | | |
|--------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Local | <input type="checkbox"/> Multi-Dose Oral Sedation (<i>incremental dosing</i>) |
| <input type="checkbox"/> Nitrous | <input type="checkbox"/> IV/IM – Moderate Sedation |
| <input type="checkbox"/> Oral – Minimal Sedation | <input type="checkbox"/> General Anesthesia – Deep Sedation |

Disability Income *Protects your ability to receive income that is equal to your education & training, in the event of an accident or illness.*

Disability insurance requires both medical and financial underwriting. The following questions will allow us to provide a more accurate quote.

Estimated Annual Income 	Height 	Weight
Are you currently taking any medications? <input type="checkbox"/> Y <input type="checkbox"/> N		
If yes, please list:		

I'm also interested in:

- Life Insurance
- Health Insurance
- Home/Renters & Auto Insurance