New Dentist Quote Form

☐ Professional Liability
☐ Disability Income

WALLACESPECIALTY INSURANCE GROUP

Legal Name _____
First Middle Last Suffix

Preferred Name _____

Email _____

Phone Number _____ Gender ☐ M ☐ F

Preferred Method of Contact *Select all that apply*
☐ Email
☐ Phone
☐ Text

Graduation Year _____

University/Program Attended _____

Specialty Please Select One

Professional Liability (Malpractice) *Coverage for your work with patients*

Effective Date _____

Practice Name _____

Practice Zip Code _____

Coverage Form
☐ Claims-Made
☐ Occurrence
☐ Not Sure

Do you plan on opening your own practice in the future? ☐ Y ☐ N

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:

☐ Placement of Implants
☐ Extraction of Partial Impaction
☐ Extraction of Soft Tissue Impaction
☐ Extraction of Full Bony Impaction
☐ Endo Multi-Rooted Teeth
☐ Orthodontics
☐ Therapeutic Botox
☐ Cosmetic Botox
☐ Dermo Fillers

Select all the types of anesthesia you will be administering:

☐ Local
☐ Nitrous
☐ Oral – Minimal Sedation
☐ Multi-Dose Oral Sedation (*incremental dosing*)
☐ IV/IM – Moderate Sedation
☐ 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.

Date of Birth _____ Height _____ Weight _____

Are you currently taking any medications? ☐ Y ☐ N

If yes, please list:

I'm also interested in

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

Return to Wallace Specialty Insurance Group
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