

**Professional Liability (Malpractice)
Quote Form**



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			
	<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	Are you a practice owner?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you currently have coverage?	<input type="checkbox"/> Y <input type="checkbox"/> N		
If yes, who is your current carrier?	_____		
Which coverage type do you currently have?	<input type="checkbox"/> Claims-Made	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Not Sure
Have you ever had a malpractice claim and/or state board sanction?	<input type="checkbox"/> Y <input type="checkbox"/> N		
In the last 12 months, have you completed a risk management course?	<input type="checkbox"/> Y <input type="checkbox"/> 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 Full Bony Impaction
- Therapeutic Botox
- Extraction of Partial Impaction
- Endo Multi-Rooted Teeth
- Cosmetic Botox
- Extraction of Soft Tissue Impaction
- Orthodontics
- Dermo Fillers

Select all the types of anesthesia you will be administering:

- Local
- Multi-Dose Oral Sedation (*incremental dosing*)
- Nitrous
- IV/IM – Moderate Sedation
- Oral – Minimal Sedation
- General Anesthesia – Deep Sedation

Select all association memberships:

- State Dental Association
- AGD Master
- ADA
- AGD Fellow
- AGD
- Specialty Association

I'm also interested in:

- Disability Insurance
- Life Insurance
- Health Insurance
- Home/Renters & Auto Insurance
- Business Owner's Insurance
- Worker's Compensation