

Dental Practice Property and General Liability Application

Section 1: Personal Information

1. Individual Name: _____
2. Corporate Name: _____
3. Phone:() _____ Fax:() _____ Email: _____
4. Mailing Address: _____
5. City: _____ State: _____ Zip: _____
6. Date of Birth: / / _____ FEIN or SSN: _____

Section 2: Business Information:

7. Requested Effective Date: / / _____ Year Business was started: _____
8. Entity Type: Sole proprietor Corporation LLC Partnership
9. Have you had any property or general liability claims in the past 3 years? Yes No
(If yes, please explain on a separate sheet of paper and include date of loss and settlement amount.)
10. Have you been declined, non-renewed or cancelled for property insurance in the past 3 years? Yes No
(If yes, please explain on a separate sheet of paper when and by whom.)
11. Please provide the following information: (if applicable)

Loss payee: _____
Address: _____ City: _____ State: _____ Zip: _____

Additional named insured: _____
Address: _____ City: _____ State: _____ Zip: _____

Mortgagee: _____
Address: _____ City: _____ State: _____ Zip: _____

Section 3: Premises Information

12. Building owner, if different from the applicant: _____
13. Street Address: _____ City: _____ State: _____ Zip: _____
County: _____
14. Years at this location: _____ Are you the: Owner Tenant
15. Year the building was built: _____
16. Total Square foot of building: _____ Total Square foot occupied by your business: _____
17. Number of stories the building has: _____
18. Are any parts of this building residential? Yes No
19. **Building Construction Type:**
 Frame – exterior supporting walls or studs are wood or other combustible materials including where these materials are combined with materials such as brick veneer, stone veneer, or stucco.
 Joisted Masonry – exterior walls are constructed of masonry materials such as brick, concrete block, stone. The sub-floors and roof are combustible (wood).
 Non-Combustible – exterior walls, floors, & roof are constructed and supported by metal or other non-combustible materials.
 Masonry Non-Combustible – exterior walls are constructed of masonry materials and the floor and roof are made of other non-combustible materials.
 Fire Resistive – exterior walls, floors, roof are constructed of masonry or fire resistive material.

20. What type of roof is on the building? Flat Metal Composition Shingle Wood Shingle Other
21. If the building is over 25 years old, please provide the year following items were updated:
 Plumbing _____ Wiring _____ Heat/Air _____ Roof _____
22. Does the building have a fire protection sprinkler system? Yes No
23. Do you have a fire alarm? Yes No If yes is it: Local or Monitored by _____
24. Do you have a burglar alarm? Yes No If yes is it Local or Monitored by _____
25. What exposures are adjacent to your location?
 Property to the right? _____
 Property to the left? _____
 Property to the rear? _____

Section 4: Coverage Information

26. Property Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000
27. How many employees at this location? _____
28. What was your annual payroll for 2006? _____
29. What were your total receipts for 2006? _____
30. What is the name of the Retirement Plan for your practice? _____

31. Estimate the total cost to replace Business Personal Property:

Total Number of operatories: _____

Furniture & Fixtures: waiting room, office furniture, operatory equipment etc. _____

Electronic Equipment: telephone system, computer hardware & software, etc. _____

Instruments & Supplies: hand instruments, medical supplies, office supplies, etc. _____

Improvements & Betterments i.e. lease hold improvements
 (Typically this is for offices leasing or renting space) _____

Total: _____

32. Estimate the total cost to replace the building:

Additional Buildings on premises: storage buildings, garages, shed, etc. _____

Reconstruction Cost of Building (not the market value): _____
 (Do not included driveway, foundation and sidewalks in reconstruction cost)

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

I hereby declare that, to the best of my knowledge and belief, the above information is true, accurate and complete. I understand that by signing this application, the Company is not obligated to sell and I am not obligated to purchase the insurance

 Applicant's Signature _____
 Date

COMPLETION OF THIS FORM NEITHER BINDS COVERAGE NOR GUARANTEES A POLICY WILL BE ISSUED