



The Painless Estimate Fax Back Form

In order to provide you with a quote for coverage, please complete and sign this form and return via fax to (813) 222-4288 or by email to info@protectyourpbusinesses.com . **Questions?** Call 1-800-467-8734.

Yes! I am interested in receiving information on the following coverage(s):

- Professional Liability Only
- Professional and General Liability
- Employment Practices Liability
- Package Policy: Including PL, GL and Property Coverage
- Workers' Compensation
- Builders Risk Coverage
- Cyber Liability Insurance
- Umbrella Coverage
- Flood Coverage
- Wind Coverage
- ERISA Coverage

Name: _____ **Preferred method of contact:** _____

Practice Address: _____
Practice address City State Zip

Mailing Address: _____
Mailing address City State Zip

Phone: () _____ **Fax:** () _____ **Email:** _____

Professional Liability

Current Insurance Carrier: _____ **Limits of liability:** \$ _____

Current Effective date: ____/____/____ Occurrence Claims-Made

Prior acts date: ____/____/____ **Graduation Date:** ____/____/____ **Years in Practice:** _____

Number of hours practiced per week (including lab work, patient visitation and consultation): _____

Have you had any professional liability claims or board complaints? Yes No

Do you perform cosmetic dermal procedures (including but not limited to Botox, hyaluronic acid products, collagen injections, dermabrasions, etc.)? Yes No

Your Practice

Do you treat patients under: **Only in a hospital?** **Are you an oral surgeon?**

- Conscious sedation Yes No Yes No
- Deep sedation/general anesthesia Yes No

Which of the following procedures are performed by you or by someone under your supervision/direction?

- Implant Surgery Extraction of Impacted Teeth Implant Restoration
- Molar Endodontics on Permanent Teeth None of these

Practice Income Interruption

Valued practice income protection pays you the daily income you would lose from a covered loss; with no requirement that you document your losses or that you reschedule patients.

How much money would you need to receive for each day you cannot practice? \$ _____

Blanket Practice Property Protection

If tomorrow you had to replace everything - operatories, tools, office equipment, x-rays, patient charts, records, furniture, decor, the personal property in the office and your accounts receivable that became uncollectible

How much money would you need? \$ _____ **When does your current coverage expire?** ____/____/____

What is your building's construction? _____

Building Coverage

If you own your own building, would you like to include it in your quote for a package policy? Yes No

Building value: \$ _____ **Year built:** _____ **Square footage:** _____