



Dentists Insurance Coverage Review

Please complete this form and return via fax to (813) 222-4288 or by email to info@protectyourbusinesses.com.

Questions? Call Pam Hall at 813-222-4430 or Stephanie Carp at 813-222-4285.

It's time to review your insurance coverage(s) to ensure your business is covered correctly. Please review the following list of situations that may have occurred since you last reviewed your coverage. Please check the ones that apply to your practice. If we don't receive a return questionnaire, we will assume that you are satisfied with your current coverage. Thank you for taking the time to complete this questionnaire.

Yes	No	
		Is the named insured correct and are all entities shown on current policy?
		Have you changed your legal entity, incorporated or entered into a partnership?
		Have you hired an additional dentist, independent contractor or associate? If so please forward a current certificate of their coverage.
		Have you started, changed or discontinued any activities or operations during the past year?
		Have you increased your staffing where you might require workers compensation coverage?
		Do you have any employee payroll in states not currently listed on your policy?
		Have you added, changed or deleted a practice location OR have you purchased, leased, acquired a new building or practice?
		Would you like to discuss increasing the limit on your building/contents?
		Are you interested in higher limits of liability?
		Have you amended your mailing address?
		Have you changed the number of hours in which you practice? (If less than 20 hours per week you may be eligible for part-time credit)
		Is the building in the Business name or a Personal name? Please provide the name if Personal.
		Have you started or discontinued performing any dental procedures?
		Have you started performing Cosmetic Dermal procedures since your last application?
		Have you renovated or otherwise increased the value of your building, furniture, fixtures or betterments and improvements?
		Have you added any new specialty equipment, such as lasers, denta cam or panorex?
		Have you added or upgraded your computer system, security, safes or fire sprinkler system?
		Do you own any other buildings related to your practice and not insured on this policy?
		Do you rent or sublet any portion of your building to others?
		Do you own any additional <u>business</u> personal property related to the practice and not insured on this policy?
		Do you need coverage for personal property of others that is in your care, custody or control?
		Do you work, maintain or operate a business other than a dental practice?
		Are you doing any business outside of the US?
		Is your Business income/Extra Expense/Rental income limit adequate?
		Do you have an exposure for loss of Business Income due to Off Premises Power Failure/Service Interruption?
		If you have a Wind, Hail, Flood or Earthquake policy, your limits may or may not match your contents/building coverage. Would you be interested in a quote for higher limits?
		Do you keep contents for your business at any other location not listed on your policy? If so, please describe:
		Do you have a pollution liability exposure? (Above/below ground storage tanks, etc.)
		Have there been any unreported legal actions brought against you during the past year?
		Have you started a pension or profit-sharing plan or recently increased your pension plan assets?
		Are there any new employee benefits programs?

		Have you refinanced or obtained a new loan on the practice or building? Recently satisfied a business loan?
		Have you had a substantial increase in accounts receivable or practice income?
		Are you sponsoring any teams or conducting any unusual promotional activities?
		Are you interested in discussing various forms of crime coverage, e.g. Employee dishonesty, robbery, credit card fraud, funds transfer fraud, ID Theft?
		Are you interested in discussing protection for allegations of discrimination, harassment, etc?
		Do you own any commercially titled vehicles?
		Do your employees use their own cars on company business? If yes, please explain:

Would you be interested in receiving information on the below coverage(s)*:

- | | | |
|---|--|--|
| <input type="checkbox"/> Professional Liability Only | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Umbrella Coverage |
| <input type="checkbox"/> Professional and General Liability | <input type="checkbox"/> Builders Risk Coverage | <input type="checkbox"/> Flood Coverage |
| <input type="checkbox"/> Employment Practices Liability | <input type="checkbox"/> Cyber Liability Insurance | <input type="checkbox"/> Windstorm Coverage |
| <input type="checkbox"/> Increased Liability Coverage | <input type="checkbox"/> Equipment Breakdown | <input type="checkbox"/> Condo Assessment Coverage |
| <input type="checkbox"/> Package Policy: Including PL, GL and Property Coverage | <input type="checkbox"/> ERISA Coverage | |

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

Practice Address: _____
Practice address City State Zip

Mailing Address: _____
Mailing address City State Zip

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

*Coverage, terms and conditions vary by company, may be subject to strict underwriting guidelines, including waiting periods, and require written company approval. This list of insurance coverage is for informational purposes only and is not meant to be a complete list of all your insurance needs.

Named Insured: _____ Date: _____