

Application for Coverage Commercial Property

Business Owners Policy

(may include the following lines of coverage: Building, Contents and General Liability)

The Dentists Insurance Company
1201 K Street, 17th Floor, Sacramento, CA 95814



Please type or print

Please read this before filling out your application for Commercial Property (Property Package) insurance.

You warrant and represent that the following statements are yours, and that you know the statements to be true. You know and intend that we will rely on the truth of the information you have provided in deciding to issue a policy to you, and that providing any false information in this application is grounds for us to deny you insurance or to rescind any policy we issue if the false information was material to our underwriting decision.

Desired Coverage Date: _____ / _____ / _____

1. I Am Applying as a(n):

Individual Corporation Partnership Joint Venture LLC Other _____

Legal Entity Name _____ Tax ID _____

DBA (Doing Business As) _____

Named Insured (list all owners):

Last Name _____ First _____ MI _____

Last Name _____ First _____ MI _____

Last Name _____ First _____ MI _____

Property Location Address:

Street Address _____ City _____ County _____ State _____ Zip _____

Office Telephone _____ Alternate Telephone _____ Fax _____

Email Address _____

Mailing Address: Same as above

Street Address _____ City _____ County _____ State _____ Zip _____

Deductible Chosen: \$500 \$1,000 \$2,500 \$5,000

2. Insured Location Building Information

Occupant status:

Building Owner Tenant Condominium Triple Net Lease

Are you currently treating patients at this location? Yes No

Are renovations planned now or in the future? Yes No If yes, when? _____

What renovations will be done? _____

Is there any condition, damage or activity at or around the property that might reasonably be expected to result in a loss you would submit under this policy? Yes No

If yes, please explain.

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Do you share this office space with any owner or entity not listed above? Yes No

If yes, please explain.

Year Built	Number of Floors	Number of Units	Total Building Sq. Feet
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Number of Operatories	Office Sq. Footage	%
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List types of occupancies if other than medical/dental offices	Percentage of building square footage not currently occupied
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Building Construction Material:

- Frame Masonry (concrete, brick with combustible frame, joist or roof)
- Non-combustible/Fire Resistive (steel frame, non-combustible roof)

If the building is more than 30 years old, please advise if the following has been updated:

Electricity, plumbing and roofing completed in the last 10 years: Yes No

If no, when? Electrical ____ (year) Plumbing ____ (year) Roofing ____ (year)

Alarm and protection systems:

Sprinkler Yes No

Burglar Yes No

Are all operatories equipped with self-contained, closed-end water units? Yes No

Do you backup your computers at least once a week? Yes No

Are computer backups stored away from the premises for which you are seeking coverage? Yes No

3. Amount of Coverage Needed

Building Replacement Cost (if you own the building and desire coverage)\$ _____

Business Personal Property

Indicate the cost to replace with new equipment in the event of a total loss

Imaging equipment (intraoral x-ray, sensors, 3D/cone beam, panorex)\$ _____

Dental operatories (chair, delivery unit, light, stools)\$ _____

Dental support equipment (compressor, vacuum, sterilizer, autoclave)\$ _____

Small dental equipment (hand pieces, cavitron, power scaling devices)\$ _____

Technology (lasers, diagnostic devices, CAD/CAM system)\$ _____

Dental supplies (gloves, barriers, mask, gauze, hand instruments)\$ _____

Tenant improvements and betterments (cabinets, carpet, permanent fixtures)\$ _____

Office equipment and supplies (desks, paper, phone system, fax machine, refrigerator, copy machine)\$ _____

Reception room (chairs, aquarium, tables, TV)\$ _____

Electronic Data Processing (EDP) or hardware/software\$ _____

Other (please describe)\$ _____

Total BPP Limits \$ _____

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Coverage Included at No Additional Cost	<input type="checkbox"/> Basic Limits	Total Limits Desired (if more than basic limits)
Signs	\$10,000	\$ _____
Extra Expense (actual loss sustained)	up to \$100,000	\$ _____
Valuable Papers and Records	\$50,000	\$ _____
(including radiographs, patient charts, records, negatives, prints, etc.)	(If backup maintained/\$10,000 if backup not maintained)	
Accounts Receivable	\$100,000	\$ _____
	(If backup maintained/\$10,000 if backup not maintained)	
Money and Securities	\$10,000	\$ _____
		(\$20,000 maximum)
Employee Dishonesty	\$25,000	\$ _____
		(\$250,000 maximum)
Gold and Other Precious Metals	\$5,000	\$ _____
		(\$20,000 maximum)
Fine Art	\$5,000	\$ _____
		(\$20,000 maximum)
Loss of Income	\$750/day for 10 days	\$ _____
	(Loss exceeding this amount or time period is limited to actual loss sustained)	(\$2,000/day maximum)
Fungi	\$15,000	
Personal Property Off-Premises/Personal Property in Transit.....	\$25,000	
Personal Effects	\$10,000	

4. Insurance History

a. Has any carrier rescinded, cancelled or refused renewal? Yes No

If yes, please explain.

b. Please select one of the following regarding your coverage need: New Acquisition Replacement Coverage

Uninsured. If yes, since when?

If replacement coverage, please provide:

Current carrier: _____ Policy No.: _____ Expiration Date _____

5. Claims/Loss History

a. Have you had any insured or uninsured property losses in the last five years? Yes No

If yes, describe the loss.

Date of Loss: _____ / _____ / _____ Amount paid: \$ _____ Has the claim been closed? Yes No

b. Description of what has been done to prevent further losses: _____

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6. Mortgage/Loss Payee Information Attach separate sheet, if necessary.

_____					<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Loss Payee
Name						
_____		_____	_____	_____	_____	
Street Address		City	County	State	Zip	
_____			_____			
Description of Interest			Loan Number			
_____					<input type="checkbox"/> Mortgagee	<input type="checkbox"/> Loss Payee
Name						
_____		_____	_____	_____	_____	
Street Address		City	County	State	Zip	
_____			_____			
Description of Interest			Loan Number			

7. Supplemental Application Please type or print

Do you have Professional and Business Liability coverage with TDIC? Yes **If yes, please proceed to signature line.**
 No **If no, please complete the following:**

Named Insured: _____

General Liability

Amount of Coverage Needed \$1,000,000 per occurrence/\$2,000,000 aggregate per policy year
 \$2,000,000 per occurrence/\$4,000,000 aggregate per policy year

Additional Insured Information:

_____		_____	_____			
Last Name		First	MI			
_____		_____	_____	_____	_____	
Street Address		City	County	State	Zip	

Interest						
_____		_____	_____			
Last Name		First	MI			
_____		_____	_____	_____	_____	
Street Address		City	County	State	Zip	

Interest						

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I authorize release and exchange of information between my past and present insurance carriers and The Dentists Insurance Company, involving past and future underwriting and claims matters.

I have answered the questions on this application truthfully. I agree to notify The Dentists Insurance Company of any change in the information contained in the application—before and after a policy is issued—and to supply such further underwriting information as The Dentists Insurance Company may require. I further agree to be bound by the underwriting guidelines of The Dentists Insurance Company. SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE CONTRACT. HOWEVER, IF A POLICY IS ISSUED, THIS APPLICATION WILL BECOME PART OF THE POLICY.

I understand the importance of requesting sufficient insurance equal to 100 percent of the replacement value of my property.

If I have not requested sufficient coverage, I understand a loss I might have may affect my future insurability.

Print Name

Signature of Applicant

Date

Return this application by mail or fax.

Mail to: The Dentists Insurance Company
1201 K Street, 17th Floor
Sacramento, CA 95814

Fax to: 916.554.5957

To apply online: tdicinsurance.com

Questions? Call your local broker:

Arizona – 800.733.0633, TDIC Insurance Solutions

California – 800.733.0633, TDIC Insurance Solutions

Hawaii – 808.521.1841, Jerry Hay Inc.

Illinois – 800.733.0633 x 5964 or 4966, TDIC Insurance Solutions

Minnesota – 800.733.0633, TDIC Insurance Solutions

Nevada – 800.733.0633, TDIC Insurance Solutions

New Jersey – 877.476.4588, Mid-Atlantic Insurance Resources

Pennsylvania – 877.732.4748, PDAIS Inc.

All other states – 800.733.0633

FRAUD WARNINGS

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Arizona

Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Any other terms or conditions of the application and this policy notwithstanding, all statements and descriptions in the application for this policy, or in negotiations therefore, by or on behalf of the **insured**, shall be deemed to be representations and not warranties.

The last paragraph under **AUTHORIZATION** is deleted and replaced with "If any **insured** has concealed or misrepresented any material fact or circumstance relating to this insurance at any time, such misrepresentations, omissions, concealment of facts and incorrect statements shall not prevent a recovery under this policy unless:

1. Fraudulent.
2. Material either to the acceptance of the risk, or to the hazard assumed by the insurer.
3. The insurer in good faith would either not have issued a policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

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California

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Hawaii

Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

All statements or descriptions in any application for an insurance policy or in negotiations therefor, by or on behalf of the insured, shall be deemed to be representations and not warranties. A misrepresentation shall not prevent a recovery on the policy unless made with actual intent to deceive or unless it materially affects either the acceptance of the risk or the hazard assumed by the insurer.

Idaho

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nevada

Any person who knowingly files a statement of claim containing any material misrepresentation or any materially false, materially incomplete or materially misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties.

Any other terms or conditions of this application and the policy notwithstanding, all statements and descriptions in the application for this policy, or in negotiations therefore, by or on behalf of the insured, shall be deemed to be representations and not warranties.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.