

Application for Coverage Dental Employment Practices Liability Insurance

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 Employment Practices Liability Insurance.

NOTICE: Employment Practices Liability coverage, if provided in response to this Application, will apply ONLY to those claims for employment related acts which, at the beginning of the policy period, you could not reasonably have foreseen giving rise to a claim during the policy period. Further, the policy will exclude any claim based upon, arising out of or attributable to any act, omission, fact or circumstances required to be disclosed in this Application, or in any later renewal questionnaire, whether or not you actually disclose the required information in the application or in some other manner before the policy is issued.

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.

Last Name	First	MI	TDIC Policy No.
Mailing Address	City	State	Zip
Telephone	Email Address		
Effective Date	Retro Date		

Desired Limit of Liability (check one) \$50,000 \$100,000

1. Is this coverage replacing existing Employment Practices Liability coverage? Yes No
If yes, please include a copy of your current Employment Practices Liability Insurance declaration page including your Employment Practices Liability prior acts or retroactive date.

2. Number of employees at all locations excluding family members:

	Full Time	Part Time
Hygienists		
Dental Assistants		
Partners or Shareholders		
Other Office Staff		
Other Dentists Who Are Independent Contractors or Employees		

3. Do any of the employee dentists above work under a contract that gives them the right to take over the practice? Yes No

4. Have you terminated, demoted, or disciplined an employee or independent contractor within the past five (5) years? Yes No
If yes, please list the employee's/independent contractor's name, date of action, and give a brief explanation of the action taken.

5. Has anyone made any employment-related accusations, allegations, claims, complaints, or filed any suit or other legal proceeding against you in the past five years? Yes No
If yes, then please list each one by the name of the employee and the nature of the accusation, allegation, claim, complaint or legal proceeding. Include the amount of any settlement or judgment and its date.

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6. During the last 5 years, has any insured been the subject of, or party to, any lawsuit, charges, inquiries, investigations, grievances or other proceedings before any federal or state agencies related to any employment-related matter, including, but not limited to: the National Labor Relations Board, the Equal Employment Opportunity Commission, the U.S. Department of Labor, and state or local agencies enforcing laws related to wages and hours, working conditions, workplace safety, discrimination and harassment, and workers' compensation? Yes No

If yes, please explain.

7. Other than as stated above, are you aware of any other employment-related incidents or allegations that you have reason to believe could result in a claim in the future? Yes No

If yes, please provide the employee's name and the date and details of the incident or allegations.

8. Has any insurer ever rescinded, cancelled, declined or refused renewal of your Employment Practices Liability coverage? Yes No

If yes, please provide details.

9. In your office, do you have written procedures in place with regard to the following:
- Termination Yes No
- Hiring Yes No
- Discipline Yes No
- Do you have a standard employment application for all applicants? Yes No
- Do you have an employee handbook? Yes No
- Do you have an "At Will" provision in the employment application or handbook? Yes No
- Do you have a written policy with respect to sexual harassment? Yes No
- Do you have a written policy with respect to discrimination? Yes No
- Do you have written annual performance evaluations for employees? Yes No
- If yes, are the evaluation documents signed by the employees?* Yes No
- Do you have written procedures for handling employee complaints regarding harassment or discrimination? Yes No
- Do you post the required federal and state posters and notices? Yes No

10. Do you have ownership interest in a multiperson corporation or partnership? Yes No

Name of corporation or partnership

AUTHORIZATION

I authorize release and exchange of information between my past and present dental society, the state dental association or society and their insurance consultants, any hospital where I presently hold or previously held staff privileges, prior professional liability insurance carriers and their agents, previous attorneys of record in any liability actions or claims, any government agency, and The Dentists Insurance Company (TDIC) involving past or future underwriting and claims matters. I hereby represent and warrant the truth of my statements and representations made herein, and that I have not withheld any information which is reasonably likely to influence the judgment of the company in considering this application for employment practices liability insurance. 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 agree to notify TDIC of any change in the information contained in this application – before and after a policy is issued – and to supply such further underwriting information as TDIC may require.

I hereby certify that I have reported to my present or previous insurance carriers all known claims and all incidents, which I have reason to believe could give rise to future claims and have disclosed all such information in this application.

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Any insurance issued in response to this application is void if an insured has concealed or misrepresented any material fact or circumstances relating to this insurance.

Print Name _____ Signature of Applicant _____ Date (mm/dd/yy) _____

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:

Alaska – 907.276.7667, Conrad-Houston Insurance
Arizona – 800.733.0633, TDIC Insurance Solutions
California, Illinois, Nevada – 800.733.0633, TDIC Insurance Solutions
Hawaii – 808.521.1841, Jerry Hay, Inc.
Minnesota – 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.

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law. 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.

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.

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

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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 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**, are 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.