

Application for Coverage Dental Hygienist Professional Liability



Please type or print

Please read this before filling out your application for Professional & Business Liability 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.

We can provide you with coverage as of the date you request on your application if we receive your application before that date. Otherwise, your effective date will be the date we receive your application in our office

Desired Coverage Date: _____ / _____ / _____ **Retroactive Date:** _____ / _____ / _____

1. Contact and Other Professional Information

Last Name		First	Mi	
Mailing Address		City	State	ZIP
SSN		Date of Birth	Email address	
Phone No.		Alternate Phone No.	Fax No.	
Dental Hygienist School		Year Licensed	License No.	

Do you hold a dental license in other states? Yes No

If yes, list the states in which you hold a dental license.

2. Education/Employment Information

- a. Are you certified to administer local anesthetics and nitrous oxide? Yes No
- b. Are you an independent Contractor? Yes No
- c. If **yes**, do you operate under the direct supervision of a Dentist? Yes No
- d. Recent Graduate (within 12 months)? Yes No
- e. Full-time? Yes No
- f. Part-time (24 hours a week or less)? Yes No
- g. Student? Yes No
- h. State Dental Association Member? Yes No

Association Member Number

State Association

Policy limit—\$1,000,000 each occurrence/\$3,000,000 aggregate per policy year.



Have you had professional liability insurance previously? Yes No

If yes, name of carrier and dates of insurance

Have you had professional liability insurance declined, canceled or non-renewed for any reason other than non-payment of premium? Yes No

If yes, give details

Has any claim or lawsuit for malpractice ever been brought against you, or are you aware of any incidents that may result in a claim or lawsuit? Yes No

If yes, give details

Within the last 5 years, have you been the subject of complaints, charges, or disciplinary action against you for any reason, by a court, licensing board or regulatory agency responsible for maintaining the standards of your profession? Yes No

If yes, give details

AUTHORIZATION

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 professional liability insurance.

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 become claims, and have disclosed in this application my knowledge of any threatened litigation of existing facts, or situations which could result in a claim being filed against me.

Any insurance issued in response to this application is void if an insured has concealed or misrepresented any material fact or circumstances relating this insurance at any time prior to issuance or renewal of the policy.

Print Name

Signature of Applicant

Date (mm/dd/yy)

FRAUD WARNINGS

Any insurance issued in response to this application is void if an insured has concealed or misrepresented any material fact or circumstances relating to his insurance at any time prior to issuance or renewal of the policy.