Newly Licensed & Never Practiced Application for Claims-Made Coverage Professional & Dental Business 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 Professional & Dental Business Liability Insurance.
You 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.

Desired Coverage Date: _____ / _____ / _____

1. Contact and Other Professional Information

Last Name | First Name | M.I.

Professional Degree ☐ DDS ☐ DMD ☐ Other Birth Date _____ / _____ / _____

Are you participating in working interviews? ☐ Yes ☐ No

Primary Practice Address (if currently employed and where you practice *the majority* of the time)

Mailing address, if different from practice address

SSN | Email Address | Practice Website

Office Phone No. | Alternate Phone No. | Fax No.

Dental License No. | State | Exp. Date

Dental School | Year Graduated | Year First Began Practicing in U.S.

Please list all other states in which you have held a dental license below:

☐ Not licensed in any other states.

State	Have you practiced in this state?	Do you have plans to practice in this state?	Dates of practice from mm/yy to mm/yy
	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	

Additional Comments: _____

2. Type of Practice

a. Have you completed a General Practice Residency (GPR) or an Advanced Education in General Dentistry (AEGD) Program? ..... ☐ Yes ☐ No

Name of Hospital | Year Completed

b. Have you completed a Specialty Program? ..... ☐ Yes ☐ No

Specialty | Specialty School Attended | Year Specialty Training Completed

c. Do you perform or provide any of the following services? Please check all that apply.

☐ Blood Compatibility Tests ☐ Chelation Therapy ☐ Cosmetic Surgery ☐ Dermal Fillers (like Botox®)
☐ Homeopathic Therapies ☐ Liposuction ☐ NICO (neuralgia-inducing cavitational osteonecrosis) Treatments
☐ Online Orthodontia ☐ Teledentistry ☐ Vaccines ☐ None of the above

*If **yes**, please provide details.*

d. Are you a full-time member of a dental school faculty? ..... ☐ Yes ☐ No
*If **yes**, you must attach a letter from the school verifying your full-time appointment to receive faculty discount.*

e. Are you a full-time student enrolled in an accredited dental postgraduate program? ..... ☐ Yes ☐ No
*If **yes**, you must attach a letter from the school verifying your full-time student status to receive the postgraduate discount.*

f. How many hours per week on average do you plan to practice dentistry over the next year? _____

3. State Dental Association or Society

Are you a member or applicant of your state dental association or society? ..... ☐ Yes ☐ No

ADA No. Local Dental Society

4. Have you ever practiced without professional liability insurance? ..... ☐ Yes ☐ No

*If **yes**, please explain*

5. Do you treat patients under any of the anesthetic modalities listed below?

☐ None ☐ Local anesthesia ☐ N_2O/O_2 analgesia ☐ Oral conscious sedation

☐ Conscious sedation (including IV or IM) or general anesthesia in a hospital or surgicenter, administered by a dentist anesthesiologist, M.D. anesthesiologist, CRNA or oral and maxillofacial surgeon

☐ Conscious sedation (including IV or IM) in office
Name of person administering anesthesia: _____

Specialty? _____ License #: _____

☐ General anesthesia in office
Name of person administering anesthesia: _____

Specialty? _____ License #: _____

6. Do you perform sleep apnea/snoring therapy? ..... ☐ Yes ☐ No

*If **yes**, do you treat only after a physician's referral?* ..... ☐ Yes ☐ No

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7. Desired Limit of Liability – Check one only

☐ $500,000 per occurrence/$1,500,000 aggregate per policy year

☐ $1,000,000 per occurrence/$3,000,000 aggregate per policy year*

☐ $1,500,000 per occurrence/$4,500,000 aggregate per policy year

☐ $3,000,000 per occurrence/$3,000,000 aggregate per policy year

☐ $5,000,000 per occurrence/$5,000,000 aggregate per policy year

**New Dentist Program rate applies only to the $1M/$3M coverage limit.*

8. Do you practice as a partner in a dental partnership? ..... ☐ Yes ☐ No

*If **yes**, name of partnership.*

9. Do you practice as an officer, director, or shareholder of a dental corporation with multiple owners? ..... ☐ Yes ☐ No

*If **yes**, name of corporation (*not applicable to sole corporations).*

10. Has any licensing or other governmental agency ever taken any action against you related to your practice of dentistry? ..... ☐ Yes ☐ No

*If **yes**, please explain*

11. Have you ever been convicted of a crime, or are you currently charged with a crime, other than minor traffic violations?..... ☐ Yes ☐ No

*If **yes**, please give details.*

12. Do you have any personal health problems that could reasonably be expected to affect the care you provide patients or your ability to manage your practice, including but not limited to any chronic or continuing health condition or treated/untreated alcoholism, narcotics addiction or mental illness? ..... ☐ Yes ☐ No

*If **yes**, please explain*

13. Has any claim or allegation of malpractice, or other wrongdoing in rendering or failing to render professional services, been asserted again you, or are you aware of any incident(s) that you have reason to believe could give rise to a claim in the future? ..... ☐ Yes ☐ No

*If **yes**, please explain*

EXCLUSION

Any policy issued in response to this application will exclude liability based on, arising out of or attributable to any allegation, claim or incident, you are required to but did not disclose in response to question 13.

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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 the truth of my statements and representations made herein, and that I have not withheld any information that is reasonably likely to influence the judgment of the company in considering this application for professional & dental business 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.

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.
Idaho – 208.515.7550, Idaho Dentist Insurance Agency
Minnesota – 800.733.0633, TDIC Insurance Solutions
New Jersey – 877.476.4588, Mid-Atlantic Insurance Resources
Pennsylvania – 877.732.4748, PDAIS, Inc.
Washington- 800-282-9342, Washington Dentists' Insurance Agency
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 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.