

**DENTIST OFFICE- BUSINESS OWNERS' POLICY - APPLICATION**

DATE: \_\_\_\_\_

NAMED INSURED: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

LEGAL ENTITY: Individual Partnership Corporation FEIN: \_\_\_\_\_

EFFECTIVE DATE OF COVERAGE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ CONTACT TITLE: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ CONTACT FAX: \_\_\_\_\_

Please advise Dental Laboratory Association Membership: Yes No - Association Name: \_\_\_\_\_

**GENERAL LIABILITY LIMIT**

\$1,000,000 Occurrence / \$2,000,000 Aggregate

**EXCESS LIABILITY LIMITS**

Commercial Umbrella: \_\_\_\_\_  
(LIMIT)

**PROPERTY DEDUCTIBLE (Select One)**

\$500 \$1,000 \$2,500

**LOCATION ADDRESS**

Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LIMITS OF INSURANCE**

Building is limited: \$ \_\_\_\_\_

Business Personal Property: \$ \_\_\_\_\_

Business Computer: \$ \_\_\_\_\_

Value of Pension Plan (401K) \$ \_\_\_\_\_

**RATING INFORMATION**

Construction of Building: Frame Joisted Masonry Masonry Non-Combustible Fire Resistive

Sprinklered: Yes No Local Alarm: Yes No Central Station Alarm: Yes No

Year Bldg Built \_\_\_\_\_ If over 25 years old, Updates – Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electrical: \_\_\_\_\_

Total Area of Building: \_\_\_\_\_ Area of Vacant Space in Building: \_\_\_\_\_

Area Leased by Insured: \_\_\_\_\_ Area Insured Leases to other occupants: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Number of Elevators: \_\_\_\_\_ Occupancy Type: Retail Office Residential

**UNDERWRITING INFORMATION**

Years in Business: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ # of Employees: \_\_\_\_\_ Annual Sales: \$ \_\_\_\_\_

Current Insurance Carrier: \_\_\_\_\_ Current Annual Premium: \_\_\_\_\_

**LOSS INFORMATION**

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID