

Quick-Quote Request*



It only takes a few minutes to request a quote.

Compare our rates and coverage before you renew your current insurance.

DC2AB11A

Yes, I am interested in receiving a Coverage and Rate Quotation for my practice. I understand that I am under no obligation by requesting this information.

It's Easy! Just complete the following information, then:

Contact (if other than addressee): _____
 Phone: (_____) _____
 Fax: (_____) _____
 E-mail: _____
 Best time to contact: Day Evening Time _____
 How would you like to receive your quote? email fax phone

A. AVAILABLE DISCOUNTS: Check all that apply:

- | | |
|--|---|
| 1. <input type="checkbox"/> I graduated from dental school in ____ / ____ (MONTH / YEAR) | 7. I am a member of the: <input type="checkbox"/> Academy of General Dentistry |
| 2. <input type="checkbox"/> I am a new practitioner (newly licensed within the past 3 years) | <input type="checkbox"/> AGD Fellowship <input type="checkbox"/> AGD Mastership |
| 3. <input type="checkbox"/> I am part-time, practicing less than 20 hours per week | 8. <input type="checkbox"/> I am a member of the American Dental Association |
| 4. <input type="checkbox"/> I have been claims-free for the past 5 years | 9. <input type="checkbox"/> I am a member of the National Dental Association |
| 5. <input type="checkbox"/> I am in a group practice | 10. <input type="checkbox"/> I am a member of the Hispanic Dental Association |
| 6. <input type="checkbox"/> I am a faculty member at an accredited dental school | 11. <input type="checkbox"/> I am a member of the following professional organization(s): _____ |

B. PROFESSIONAL LIABILITY COVERAGE

I am currently Insured. _____ Yes No

Please quote: Claims-Made Coverage Occurrence Coverage Both

If claims-made, what is your retroactive date? ____/____/____

DENTAL PROFESSIONAL LIABILITY LIMITS – Please check desired limit option

- \$100,000/\$300,000 \$200,000/\$600,000 \$500,000/\$1,500,000 \$1,000,000/\$3,000,000 \$1,300,000/\$3,900,000 (NY Only)
 \$2,000,000/\$6,000,000 \$3,000,000/\$6,000,000 \$4,000,000/\$6,000,000 \$5,000,000/\$6,000,000

Requested effective date? ____/____/____

1. Are you a General Dentist? _____ Yes No
 2. If limiting your practice to a specialty, are you licensed in that specialty? _____ Yes No
 3. What is your specialty? Periodontist Prosthodontist Endodontist Pediatric Dentist Public Health Dentist
 Oral Pathologist Oral Surgeon Orthodontist Oral Radiologist

Please provide the percentages (based on number of procedures) of your practice which fall into the following CDT codes (must total 100%):

Dental Procedure	CDT Code	%	CDT Code	%
Diagnostic	D0100 – D0999		Maxillofacial Prosthetics	D5900 – D5999
Preventive	D1000 – D1999		Implant Services	D6000 – D6199
Restorative	D2000 – D2999		Prosthodontics (Fixed)	D6200 – D6999
Endodontics	D3000 – D3999		Oral and Maxillofacial Surgery	D7000 – D7999
Periodontics	D4000 – D4999		Orthodontics	D8000 – D8999
Prosthodontics (Removable)	D5000 – D5899		Adjunctive General Services	D9000 – D9999

Please indicate below if you perform any surgical procedures.

If "yes," please estimate the percentage each surgical procedure bears to your total practice (based on numbers of procedures) on an annual basis.

Surgical Implants Estimated % _____

Extractions of bony impacted, or partially bony impacted teeth _____

Other dental cosmetic procedures (excluding biopsies, but including TMJ) _____

Other surgery, including non-dental procedures (describe) _____

I administer the following types of Anesthesia. (Please check all that apply)

- I.V. Conscious Sedation I.M. Conscious Sedation Sub-Cutaneous Conscious Sedation General Anesthesia

C. ADDITIONAL COVERAGES

Yes, please include these optional coverages in my quote:

- General Liability
 Billing, Errors and Omissions
 Medical Waste Legal Reimbursement
 Employment Practices Liability – higher limits

Yes, please send me more information about:

- Business Property
 Workers Compensation Coverage

Request a quote online at www.dentists-advantage.com/rate