



# NESBITT & ASSOCIATES, INC.

QUALITY INSURANCE COMPANY



## DENTAL PROFESSIONAL LIABILITY INSURANCE

(If you prefer not to complete this form, please call Jill at 800-764-1353)

By answering these few questions, we can offer you an estimate of what your insurance coverage would cost. If you decide to buy, we will need a complete application along with a copy of your dental license.

**Your Name:**

**Practice Address:**

**Phone #'s:**

**Email address:**

**Your Practice:**

1. When did you graduate?
2. Practice Specialty:
3. Do you use dermal fillers?
4. Do you practice less than 20 hours per week?
5. Do you have a partner who shares your practice?

**Insurance Background:**

1. Have you had any professional liability claims?
2. Current insurance carrier:
3. Current insurance limits:
4. Expiration date of current policy:
5. Retroactive/Prior Acts date:

**Practice Property Protection:**

1. If you had to replace everything in your practice, how much money would you need?
2. What is your building construction?
3. How many operatories?
4. Would you like to see what it would cost to insure the building and contents along with the professional liability? If so, what is the replacement value of the building?