



Squared Insurance Agency Dental Malpractice Quote Request

Once completed Please Email to Info@L2InsuranceAgency.com or Fax back to 616-940-1196

Practice Name, Dentist Name, Street Address, City, County, State, Zip Code, Contact Person, Telephone, Fax, Email

Practice Information

What is your primary practice specialty? Have you had a claim that paid over \$10,000 in the last... Do you perform implant surgeries or extractions of bony impactions? Do you perform apicoectomies or periradicular services? Do you perform sinus augmentations? Do you perform periodontic surgical procedures (CDT codes D4210 - D4276)? Do you perform surgical excision of intra-ossous lesions (CDT codes D7440 - D7461)? Do you offer Phase 2 (surgical) TMJ treatment? Do you provide invasive treatment for sleep apnea? Do you treat patients who are under general anesthesia (deep sedation)? Do you or one of your staff personally administer anesthesia to induce unconscious sedation?

Coverage Information

Do you currently have malpractice coverage? If yes - Name of carrier When does it renew?

Please complete this section or include a copy of your declarations page from your current malpractice policy.

What type of coverage is it... Claims Made Occurrence If Claims Made, What is retroactive date? What are your current limits of coverage? \$ per incident/\$ aggregate I would like more information about Business Owners' Protection Yes No I would like more information about Workers Compensation Protection Yes No

Additional Comments/ Claims Information:

Empty box for additional comments or claims information.

NOTE: This Form is for Estimate Purposes Only. Coverage May Be Bound Only Upon Submission and Acceptance of a Completed Application

Signature:

Date: