



**SENTINEL**  
RISK ADVISORS

**Dental Commercial Insurance Quote Sheet**

Questions? Please contact us at:  
dental@sentinelra.com, 919-926-4643

**General Information:**

Named Insured / Entity Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Contact \_\_\_\_\_  
Email Address \_\_\_\_\_ Number of years in business \_\_\_\_\_  
Type of legal entity:  
 Corporation  PLLC  PC  Sole Proprietorship  LLP  PA  Other \_\_\_\_\_

**Package/BOP Policy Information:**

Current insurance carrier \_\_\_\_\_ Expiration date: \_\_\_\_\_  
Annual premium: \$ \_\_\_\_\_ General Liability Limits: \$ \_\_\_\_\_

**Property Information:**

Building Type:  Building Owner  Tenant  Lessor  Condo Owner  
Street Address (if different from above) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Year built: \_\_\_\_\_ # of stories: \_\_\_\_\_ Property owner name: \_\_\_\_\_  
Building limit (cost to replace the building, only if owned): \$ \_\_\_\_\_  
Business personal property (cost to replace office contents, computer systems): \$ \_\_\_\_\_  
Alarms:  Fire  Burglar  Monitored/Central Station  Non-Monitored/Local Sprinklers:  Yes  No  
Type of construction for building:  
 Wood Frame  Masonry Non-Combustible (Brick/Masonry Walls with Metal Joists)  
 Joisted Masonry (Brick/Masonry Walls with Wood Frame Roof)  Semi Fire Resistive or Fire Resistive  
 Non-Combustible (Metal)  
If building is 25 years or older, indicate the year each system was updated:  
Wiring: \_\_\_\_\_ Roofing: \_\_\_\_\_ Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
Square footage occupied by you: \_\_\_\_\_ Total Square Footage of building (all occupants): \_\_\_\_\_

**Workers' Compensation Policy:**

Federal ID #: \_\_\_\_\_ Current Carrier: \_\_\_\_\_  
Annual Premium: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Total number of employees: \_\_\_\_\_  
Estimated annual payroll for all employees (EXCLUDING OFFICERS/OWNERS) \$ \_\_\_\_\_

**Officers' Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Annual Pay: \_\_\_\_\_  Include  Exclude  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Annual Pay: \_\_\_\_\_  Include  Exclude  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Annual Pay: \_\_\_\_\_  Include  Exclude

**Estimated Annual Revenue:** \_\_\_\_\_

**Please describe any prior claims including date of loss, description of incident and any amount paid:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_