



**SENTINEL**  
RISK ADVISORS

### Dental Professional Liability Quote for Individual Coverage

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

Legal Name of Applicant: \_\_\_\_\_  DDS  DMD

Mailing Address: \_\_\_\_\_  Home  Office

Phone Number: \_\_\_\_\_  Home  Cell Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dental School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Residency Information: \_\_\_\_\_

Primary Specialty: \_\_\_\_\_ Procedures performed: \_\_\_\_\_

License number: \_\_\_\_\_ State: \_\_\_\_\_ Dental board exam information: \_\_\_\_\_

Hours work per week: \_\_\_\_\_ Number of locations: \_\_\_\_\_

Current location(s): \_\_\_\_\_

Name of current carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you taken any risk management classes in past two years? \_\_\_\_\_

Are you a member in good standing with your State dental association?  Yes  No

Policy Type:  Occurrence  Claims-made **If claims-made please provide Retro date:** \_\_\_\_\_

Entity name: \_\_\_\_\_ Practice entity type: \_\_\_\_\_ (PLLC, PA, PC, LLC, etc.)

Is entity coverage needed?  Yes  No

Effective date of requested coverage: \_\_\_\_\_ In which States do you practice? \_\_\_\_\_

Liability Limits requested:  \$1,000,000/\$3,000,000  \$2,000,000/\$4,000,000  \$3,000,000/\$5,000,000

For the following, please explain any "yes" responses via email.

Do you own your own practice?  Yes  No      Any Board Actions:  Yes  No

Board Investigations:  Yes  No      Criminal History:  Yes  No

Chemical or impairment history:  Yes  No      Claims or suits in the past 10 years?  Yes  No

Is sedation performed?  Yes  No      Conscious sedation:  Oral  IV/IM

Administer general anesthesia?  Yes  No. If yes, who administers the anesthesia? \_\_\_\_\_

Perform Impacted Third Molar Extractions?  Partial  Full  No

Surgically Place Dental Implants?  Yes  No      Botox Injections?  Yes  No

Dermal Fillers?  Yes  No