

PACKAGE APPLICATION



GENERAL INFORMATION

Named Insured: _____ Policy # _____

Requested effective date: _____ Email: _____

Principal Address: _____ Name of Practice: _____

City: _____ State: _____ Zip: _____ County: _____

*if practice name differs from named insured, do you need coverage on the practice? _____

Office Phone Number: _____ Office Fax Number: _____

Mailing Address (if different than principal office): _____

City: _____ State: _____ Zip: _____

Preferred Billing Plan: Monthly Quarterly Semi-Annual Annual

GENERAL LIABILITY COVERAGE

1. General Liability Limits of \$1,000,000 Occurrence/\$3,000,000 Aggregate Included

Additional limits: Yes No Amount: _____
If yes, please attach a copy of the contract or agreement.

Additional Insured: _____

Mailing Address: _____

INSURED PROPERTY INFORMATION

1. Building Limit (total current replacement value, if building is owned by you): _____

Mortgagee name: _____

Address: _____

Loan # _____

If you lease your space please provide name and address of building owner or property management company: _____

If you own the building, do you require proof of general liability insurance from your tenants? Yes No

Are they required to list you as an additional insured? Yes No

2. **Business Personal Property Limit** (estimate total replacement cost of contents): _____

Total number of operatories: _____

Total amount of prescription drugs onsite: \$ _____ please list types: _____

Total amount of precious metals on site: \$ _____

Loss Payee name (bank, credit company, etc.): _____

Address: _____

3. **Deductible:** \$500 \$1,000 \$2,500 \$5,000 Other: _____

PROPERTY DETAILS – All information must be completed

1. Miles from fire station: _____ Feet from hydrant: _____

2. Year of Construction: _____ If building is older than 25 years, date and extent of heating, wiring, and/or

plumbing updates: _____

3. Building Construction Type:

Roof: _____ Floors: _____

Exterior Walls: _____

Number of Stories: _____ On what floor is your office located: _____

Total square footage of your office: _____ Building square footage: _____

4. Alarms: Fire Burglar Combined Fire/Burglar
Local
Central

5. Is the building equipped with a sprinkler system? Yes No
Solenoid Switch (automatic water shut-off valve): Yes No

6. Loss Assessment (condominium office owners only): _____

7. Losses last five years: (Please include current 5 year loss history)

Date of Occurrence	Amount Paid	Description of Loss

8. Current insurer: _____ Expiration date: _____
9. Other types of business tenants in the building: _____
10. How do you store your prescription drugs? Safe/Vault Locked Cabinet
 Other (please describe): _____
11. How do you store your x-rays, patient charts, cash on hand and/or accounts receivable?
 Safe/Vault Fire Resistive Container
 Other (please describe): _____
12. How do you store your precious metals? Safe/Vault Locked Cabinet
 Other (please describe): _____
13. Who holds keys or has access to your building after hours? _____
 What is their present position within your office? _____
14. Is there a CPA audit at least once a year? Yes No
15. Who has authority to sign checks in your practice?
 Name: _____ Position: _____
 Name: _____ Position: _____
 Name: _____ Position: _____
16. Is there a reconciliation of bank accounts on a monthly basis by a person who does not prepare and make deposits? Yes No

OPTIONAL COVERAGE

1. Accounts Receivable: _____ (requested limit)
2. Employee Dishonesty: _____ (requested limit)
3. Welfare & Pension Coverage (ERISA): _____ (requested limit)
4. Electronic Data Processing Equipment Amount Requested: _____ (requested limit)
 (if not included in business personal property)
5. Loss Assessment (condominium office owners only): _____ (requested limit)
6. Earthquake: Yes No
7. Loss of Business Income: _____ (requested limit)
8. Terrorism: Yes No

PACKAGE APPLICATION



I understand that this application does not bind or guarantee issuance of property or general liability insurance coverage.

I acknowledge that as a condition precedent to acceptance of this applications and any future renewal thereof, an inquiry and investigation of my professional background, qualification and competence, including such other underwriting or claim matters as are deemed relevant, may be conducted by DBIC or its duly authorized representatives. I expressly consent to any such inquiry and investigation and hereby authorize the release and exchange of information pertaining to such inquiry and investigation.

Submitted by:

Name and Title (please print)

Signature

Date

Telephone Number

Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law and may be subject to prosecution for insurance fraud.

**Insurance
and Risk
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