



DENTAL HYGIENIST APPLICATION FOR INSURANCE

I. GENERAL INFORMATION

Name Last First M.I. Title

Home address: Tele#

City State Zip

Social Security # Date of Birth

License 1 # Type: Expires (Attach copy)

License 2 # Type: Expires (Attach copy)

Employment Category: [] Employed Hygienist [] Self-Employed Hygienist

List all current and past employment relationships for the past 3 years:

From To Name and Telephone
From To Name and Telephone
From To Name and Telephone

II. EDUCATION & PRACTICE INFORMATION

Hygiene school attended Year graduated (MM/DY/YYYY)

City State Zip

Do you possess another professional degree, which enables you to practice in another field such as, without limitation to, law, medicine, or any other profession requiring a degree? Yes No

If yes, please explain

Do you provide any professional services in or on the premises of any long-tem care facility or nursing home facilities? Yes No

If, yes please identify the facilities and level of care administered:

Do you provide charitable services? Yes No

If yes, how often?

Have you had Professional Liability Insurance Before? Yes No

Carrier Name: Policy Number:

Have you ever been cancelled, non-renewed or declined Insurance? Yes _____ No _____

If yes, please explain on a separate sheet of paper and include full details, dates, amounts and allegations.

Are you applying for "Prior Acts" with DBIC? Yes _____ No _____

Please attach a copy of your current Declarations

Have you ever had a claim (demand for money or services) or a suit alleging malpractice or injury resulting from any treatment you've rendered? Yes _____ No _____

Are you currently aware of any facts or circumstances that you reasonably believe may lead to a suit or claim? Yes _____ No _____

If yes, please attach a separate sheet; include the details of the occurrence(s) including treatment rendered, allegation, disposition amount, and date.

Have you ever been convicted of any criminal charge, (including felonies, misdemeanors) or are there any pending actions against you? *If yes, please attach a separate sheet and explain.* Yes _____ No _____

I hereby apply for insurance coverage. I represent that all statements and answers I have included on this application are correct and complete. I understand that if I have willfully concealed facts, or misrepresented, omitted, or provided incorrect statements, DBIC may deny in whole or in part any claim I may make, cancel my policy altogether or refuse policy renewal. The application, if approved by DBIC, will become a part of the policy.

I hereby represent that all claims, suits, or unusual incidents known to me have been reported, in writing, to my previous insurance company, as well as on this application for insurance. I authorize and direct any person or entity to release and furnish to DBIC any and all information requested by DBIC that may relate to my insurability.

I acknowledge that, any person who knowingly presents false, incomplete or misleading information in an application for insurance for purpose of defrauding the Insurer or who knowingly presents a false or fraudulent claim for payment of a loss or benefit may be guilty of a crime and may be subject to confinement in prison, fines, and/or denial of insurance benefits.

FAIR CREDIT REPORTING ACT NOTICE

This notice is given to comply with the Federal Fair Credit Reporting Act (Public Law 91-508) and any similar state law, which is applicable. As part of our underwriting procedure, a routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics, and mode of living.

Signature in full: _____ Date: _____

COMPLETION OF THIS FORM NEITHER BINDS COVERAGE NOR GUARANTEES A POLICY WILL BE ISSUED. IF A POLICY IS ISSUED THIS APPLICATION BECOMES AN ACTUAL PART OF THE POLICY. THE STATEMENTS AND ANSWERS ARE SPECIAL REPRESENTATIONS AND ANY INCORRECT OR INCOMPLETE STATEMENT (S) WILL RESULT IN A LOSS OF COVERAGE.

Desired effective date _____

OFFICE USE ONLY

[] APPROVED [] DECLINED POLICY # _____ DATE _____ / _____ / _____ INT _____