Safehold
SPECIAL RISK
180 Park Ave, Floor 1
Florham Park, NJ 07932
Phone: Aric Longo (973)315-0708

DENTAL PROFESSIONAL LIABILITY
PREMIUM INDICATION FORM

Full Name: _____
City/State/Zip: _____
E-mail: _____ Phone ( )_____
Degree: _____ Specialty:_____

INFORMATION REGARDING COVERAGE

Requested Effective date: _____ Prior Acts/Retro Date (if applicable) _____
Desired Limits of Liability: _____
Type of policy (check one): ☐ claims made (with prior acts) ☐ claims made (without prior acts) ☐ occurrence
Have you ever been cancelled/non-renewed or declined malpractice coverage: ☐ yes ☐ no
If yes, please briefly explain: _____

INFORMATION REGARDING YOU AND YOUR PRACTICE

Year Graduated: _____ Are you entering private practice for the first time? ☐ yes ☐ no
How many hours per week are you involved in the practice of dentistry: _____
Will you be requesting separate entity coverage as well? ☐ yes ☐ no
Provide the percentage of your practice that fall into these categories (must equal 100%)

___ endodontics ___ orthodontics ___oral surgery (simple extractions)
___ general dentistry ___ periodontics ___ pediatric dentistry
___ oral pathology ___ prosthodontics

Do you perform extractions of bony impacted, or partially bony impacted teeth?: ☐ yes ☐ no
Do you perform any surgical placement of implants: ☐ yes ☐ no
Do you provide any cosmetic facial services including Botox injections/liposuction/face lifts: ☐ yes ☐ no
Do you perform extensive cosmetic full mouth restorations? ☐ yes ☐ no
Do you administer IV/IM Sedation or General Anesthesia: ☐ yes ☐ no
Is your practice limited to the use of local anesthesia and N2O?: ☐ yes ☐ no
Do you perform Oral Moderate Conscious Sedation (sedation dentistry)? ☐ yes ☐ no
Are you a member of either the ADA or AGD? (If yes, please circle which below)

AAPD ADA AGD Member AGD Fellowship AGD Mastership

Have you been involved in any claim, suit or disciplinary action by the state dental board in the last 10 years?: ☐ yes ☐ no If yes, how many claims: _____ If yes, is/are claim(s) still open?: ☐ yes ☐ no
Please provide paid indemnity amount(s): _____
_____
If you had claims, please provide the date the claim(s) were closed: _____
_____