



Date _____

Rapid Quote

Name: _____

Practice Address: _____

Telephone: _____

Professional Liability

1. Do you practice more than 20 hours per week?

- Yes No

2. Number of years in practice: _____

3. Check which procedures you perform:

- | | | |
|--|---|--|
| <input type="checkbox"/> Implant Placement/
Uncovering/Surgery | <input type="checkbox"/> Extraction of Partially
Impacted Third Molars | <input type="checkbox"/> Cosmetic Dermal
Procedures |
| <input type="checkbox"/> Extraction of Fully-
Impacted Third Molars | <input type="checkbox"/> Mini-implants | <input type="checkbox"/> Irreversible TMJ Phase II |
| | <input type="checkbox"/> Molar Endo on
Permanent Teeth | |

About your current insurance

1. Current Carrier:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Medical Protective | <input type="checkbox"/> Fortress |
| <input type="checkbox"/> Cincinnati | <input type="checkbox"/> _____ |

2. What are your limits of liability?

- | | |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> \$1M / 3M | <input type="checkbox"/> _____ |
| <input type="checkbox"/> \$2M / 4M | <input type="checkbox"/> Unsure |

3. What type of policy do you have?

- | | | |
|--------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Claims Made | <input type="checkbox"/> Occurrence | <input type="checkbox"/> Unsure |
|--------------------------------------|-------------------------------------|---------------------------------|

Business Owner's

1. Number of fully equipped operatories _____
partially equipped / empty _____

2. Estimate the cost to replace all equipment, furniture, computers, instruments, etc. \$ _____

3. If you own the building, what is its current value? \$ _____

Worker's Compensation

1. Number of employees: _____

2. List the total annual payroll, excluding yourself \$ _____

You may go online to www.bowmaninsurance.com or call our office at (502) 690-5201. Fax your completed form to Bowman Insurance at (502) 690-5201.

If possible, include a copy of your current policies. Please call our office at (502) 638-2969 if you have any questions.