

Application for Coverage Dental Employment Practices Liability Insurance

The Dentists Insurance Company
1201 K Street, 17th Floor, Sacramento, CA 95814



Please type or print

Please read this before filling out your application for Employment Practices Liability Insurance.

NOTICE: Employment Practices Liability coverage, if provided in response to this Application, will apply ONLY to those claims for employment related acts which, at the beginning of the policy period, you could not reasonably have foreseen giving rise to a claim during the policy period. Further, the policy will exclude any claim relating in any way to any act, omission, fact or circumstances required to be disclosed in this Application, or in any later renewal questionnaire, whether or not you actually disclose the required information.

You warrant and represent that the following statements are yours and that you know the statements to be true. You know and intend that we will rely on the truth of the information you have provided in deciding to issue a policy to you, and that providing any false information in this application is grounds for us to deny you insurance.

Last Name	First	MI	TDIC Policy No.
Mailing Address	City	State	Zip
Telephone	Email Address		
Effective Date	Retro Date		

Is this coverage replacing existing Employment Practices Liability coverage? Yes No

If yes, please include a copy of your current Employment Practices Liability Insurance declaration page including your Employment Practices Liability prior acts or retroactive date.

Desired Limit of Liability (check one) \$50,000 \$100,000

1. Number of employees at all locations excluding family members:

	Full Time	Part Time
Hygienists		
Dental Assistants		
Partners or Shareholders		
Other Office Staff		
Other Dentists Who Are Independent Contractors or Employees		

2. Do any of the employee dentists above work under a contract that gives them the right to take Over the practice?..... Yes No

3. Have you terminated, demoted, or disciplined an employee or independent contractor within the Past five (5) years? Yes No

If yes, please list the employee's name, date and give a brief explanation of the action taken.

4. Have you had any employment-related allegations, claims, suits or complaints to government agencies in the past two (2) years? Yes No

If yes, then please list each one by the name of the employee and the nature of the allegation, claim, suit or complaint. Include the amount of any settlement or judgment and its date.

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5. Other than as disclosed in Question 3, are you aware of any employment-related incidents that you have reason to believe could result in a claim in the future? Yes No

If yes, please provide the employee's name and the date and details of the incident.

6. Has any insurer ever cancelled, declined or refused renewal of your Employment Practices Liability coverage? Yes No

if yes, please provide details.

7. In your office, do you have written procedures in place with regard to the following:

Termination Yes No

Hiring Yes No

Discipline Yes No

Do you have a standard employment application for all applicants? Yes No

Do you have an employment handbook? Yes No

Do you have an "At Will" provision in the employment application or handbook? Yes No

Do you have a written policy with respect to sexual harassment? Yes No

Do you have a written policy with respect to discrimination? Yes No

Do you have written annual performance evaluations for employees? Yes No

If yes, are the evaluation documents in writing and signed by the employees? Yes No

Do you have written procedures for handling employee complaints regarding harassment or discrimination? Yes No

Do you post the required federal and state regulations? Yes No

8. Do you have ownership interest in a multiperson corporation or partnership? Yes No

Name of corporation or partnership

I authorize release and exchange of information between my past and present dental society, the state dental association or society and their insurance consultants, any hospital where I presently hold or previously held staff privileges, prior professional liability insurance carriers and their agents, previous attorneys of record in any liability actions or claims, any government agency, and The Dentists Insurance Company (TDIC) involving past or future underwriting and claims matters. I hereby represent and warrant the truth of my statements and representations made herein, and that I have not withheld any information that is reasonably likely to influence the judgment of the company in considering this application for employment practices liability insurance. SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE CONTRACT. HOWEVER, IF A POLICY IS ISSUED, THIS APPLICATION WILL BECOME PART OF THE POLICY.

I agree to notify TDIC of any change in the information contained in this application – before and after a policy is issued – and to supply such further underwriting information as TDIC may require.

I hereby certify that I have reported to my present or previous insurance carriers all known claims and all incidents, which I have reason to believe could become claims, and have disclosed in this application my knowledge of any threatened litigation of existing facts, or situations which could result in a claim being filed against me.

Any insurance issued in response to this application is void if an insured has concealed or misrepresented any material fact or circumstances relating this insurance at any time prior to issuance or renewal of the policy.

Print Name _____ Signature of Applicant _____ Date (mm/dd/yy) _____

**Return this application by mail or fax.
Mail to:**

**Fax to:
Online:**

Questions? Call your local broker:
Alaska – 907.276.7667, Conrad-Houston Insurance
California, Illinois, Nevada – 800.733.0633, TDIC Insurance Solutions
Hawaii – 808.521.1841, Jerry Hay, Inc.
New Jersey – 877.476.4588, Mid-Atlantic Insurance Resources
Pennsylvania – 877.732.4748, PDAIS, Inc.
All other states – 800.733.0634, TDIC

FRAUD WARNINGS

New Jersey Professional & Business Liability Application Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Pennsylvania Professional & Business Liability Application Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.