



## Dentist & Oral Surgeons Professional Liability Renewal Application

COMPLETED RENEWAL APPLICATION REQUIRED FOR RENEWAL OF YOUR POLICY  
(Please indicate any corrections or changes you wish to make.)

Policy Number: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

1. Agency name and address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name and mailing address of insured:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_ Website address: \_\_\_\_\_  
*(Will be used to provide policyholder information only.)*

3. Dental school: \_\_\_\_\_ Date of graduation: \_\_\_\_\_

4. Birthdate: \_\_\_\_\_ 5. Gender:  Male  Female

6. License # for primary practice state: \_\_\_\_\_

**Corporate Coverage**

7. Is coverage desired for your professional corporation?  Yes  No

If yes, name of entity: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

8. Does your entity have any employees, independent contractors or partners?  Yes  No

*(Employees and independent contractors are defined as physicians, surgeons, podiatrists, dentists, chiropractors, physician assistants, surgical assistants, residents, nurse anesthetists, nurse midwives, nurse practitioners, nurse surgical assistants, clinical nurse specialists, perfusionists, social workers or psychologists.)*

**If yes,** a separate Appendix A - Staff Schedule and Appendix B - Organization Application must be completed and certificates of insurance and claims histories must be provided for each individual.

**If no, solo corporations must share the limits of liability of the individual.**

**Practice Locations**

9. List all locations where you presently work. (Draw a line through any location where you are not practicing, or add additional locations):

Employer/Facility Name	Street	City	State	Zip	Employee or Independent Contractor	Total Hours worked per week*
#1						
#2						
#3						

\* Includes patient care, hospital rounds, record keeping, administrative duties, teaching, house calls, nursing home visits, utilization review.

10. Do you practice dentistry on patients to whom you have administered general anesthesia or deep sedation?  Yes  No
11. Do you practice dentistry on patients to whom someone else has administered parenteral conscious sedation/general anesthesia?  Yes  No
- If yes, does the person administering the anesthesia possess a PCS permit?  Yes  No
- Is he/she an M.D. or D.O. and a member of an accredited hospital?  Yes  No
- Name \_\_\_\_\_  
(Current certificate of insurance coverage must be provided)
12. Where are procedures on patients administered general anesthesia performed? (Check all that apply)
- In hospital  In office  Other \_\_\_\_\_
13. Do you practice dentistry on patients to whom you have administered parenteral conscious sedation- i.e. via any route other than enteral (oral)?  Yes  No
- If yes, do you possess a PCS permit from the State Board of Dentistry?  Yes  No
14. Do you administer combination inhalation-enteral (oral) conscious sedation (i.e. conscious sedation using inhalation and enteral agents) for the purpose of deep sedation or analgesia (diminution or elimination of pain)?  Yes  No
15. Do you administer enteral (oral) sedation alone for the purpose of analgesia? (diminution or elimination of pain)  Yes  No
16. If you answered yes to any of the questions (10 through 15) above, do you adhere to the American Dental Association Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists (October, 2003 and any revision thereof)?  Yes  No
17. Do you administer enteral (oral) sedation or combination of inhalation-enteral (oral) sedation only for the purpose of anxiolysis (diminution or elimination of anxiety)?  Yes  No
18. Do you practice dentistry on patients to whom you have administered nitrous oxide alone and not in combination with any other systemic chemical agents (excluding local anesthetic)?  Yes  No
19. Do you perform dental implants?  Yes  No
- If yes, 1) Do you perform the surgical placement of the implant?  Yes  No
- 2) Do you perform the prosthetic or restorative component?  Yes  No
20. Do you use filling materials or sealers containing sargenti pastes?  Yes  No
21. If you perform oral surgery, do you obtain a documented patient consent prior to performing the surgery?  Yes  No
22. Do you inject derma fillers?  Yes  No
23. Indicate percentage of time devoted to the following dental activities.
- General Dentistry \_\_\_\_\_ % (Includes simple extractions)
- Oral Surgery \_\_\_\_\_ % If you are a General Dentist, list the oral surgery procedures you perform: \_\_\_\_\_
- 
- Orthodontics \_\_\_\_\_ %
- Other (specify) \_\_\_\_\_ %
24. **CLAIMS UPDATE - IMPORTANT** - Your premium will be affected by this information.
- Other than with Princeton, have any new claims been made against you?  Yes  No
- Have any previously open claims been closed without indemnity payment?  Yes  No
- Have any previously open claims been closed with indemnity payment?  Yes  No
- If you answered "Yes" to any of the above claims questions, you must provide copies of updated loss runs from your prior carrier.

Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

25. Do you have a position for which no coverage is required, or for which you are insured with another carrier?  Yes  No

If yes, indicate activity, entity and location to be excluded and indicate hours worked at this position only: \_\_\_\_\_

26. Do you provide any services over the Internet?  Yes  No

If yes, please explain: \_\_\_\_\_

27. Do you know of any circumstance, act, error or omission that could possibly result in a professional liability claim against you?  Yes  No

28. Has any healthcare facility ever denied, suspended, or revoked privileges or has probation been invoked?  Yes  No

29. Has your professional license ever been denied, suspended, revoked or voluntarily surrendered or has probation been invoked?  Yes  No

30. Do you have any condition or engage in any activity, or use any substance (including alcohol, drugs or medications) which affects, impairs or limits your ability to practice medicine with reasonable skill and safety?  Yes  No

31. Have you ever been charged with a criminal offense or are you currently under investigation for a criminal act?  Yes  No

32. Has a complaint against you ever been submitted to the State Board of Dentistry or are you currently under investigation by any regulatory authority?  Yes  No

33. Do you treat patients at a correctional facility?  Yes  No

(If you answered yes to any of questions 24 through 33, please explain on a separate sheet, and provide full documentation from any agency involved)

34. Do you participate as a principal investigator for any clinical trials?  Yes  No

If yes, do you follow FDA-approved protocols?  Yes  No

35. **Optional Waiver of Consent to Settle 1% discount to premium.** If you choose this option, your coverage will be changed. An endorsement will be attached to your policy giving the company the sole right to settle any claim as it deems appropriate. Would you like this optional waiver applied to your policy?  Yes  No

This section must be signed by all insureds:

All of the above information is true to the best of my knowledge and belief. It is agreed that this application shall be the basis of a contract for a policy issued by Princeton Insurance Company. I authorize the release and exchange of any underwriting or claims information between all prior carriers and the Princeton Insurance Company.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Princeton Insurance Company reserves the right to reject any application that does not meet its underwriting standards.

**NOTICE TO NEW JERSEY APPLICANTS:**

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, concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.