

Malpractice Quick Quote Form

Name _____

Entity Name / DBA _____

Practice Address _____

City _____ State _____ Zip _____

Office phone _____ Fax _____

Email _____ Cell _____

Additional Practice Locations

1. _____ 2. _____

Hours per week worked _____ # of yrs practicing _____

Desired Effective Date _____ Policy Type Occurrence

Claims-Made, retro date _____

Practice Specialty

General Dentistry Orthodontist Pediatric Dentist Endodontist

Periodontist Prosthodontist Oral Surgeon Other _____

Any claims in past 3 years 5 years 8 years none

Any history of probation, suspension or revocation on your license? Yes No

Have you taken a Risk Management Course in the past 12 months? Yes No

What procedures do you currently perform? Check any that apply.

Dental Implants Cosmetic Surgery Conscious Sedation General Anesthesia Sedation

Partial Impacted Third Molar Extractions Fully Impacted Third Molar Extractions

Same Day Dentures Botox & Dermafillers Other _____

Practice Organization Information

Sole Proprietor Solo Incorporated (No other dentists) For Profit / Non-Profit Clinic

Hospital Multi-Shareholder / Partnership / LLC Dental School Faculty

Dental Laboratory Management Service Organization Mobile Dental Practice

Nursing Home Other _____

Limits of Liability

\$200,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$3,000,000

\$2,000,000/\$4,000,000 \$4,000,000/\$6,000,000

Current Carrier _____ Current Limits _____

When form is complete, please fax back to MDIS at 573.634.5770.

A copy of our "Notice of Privacy Practice & Policies" is available upon request from the MDIS office or at the MDIS website, www.MDIS4DDS.com.

*This form is to gather information for quoting coverage, this is NOT a confirmation of coverage. *