

# Dental Professional Liability Insurance Board and Interview Coverage Dentist Application

# DentistCare<sup>SM</sup>

PROASSURANCE<sup>SM</sup>  
Treated Fairly

ProAssurance Indemnity Company, Inc. • PO Box 590009 • Birmingham, AL 35259-0009 • 800.625.7814 • Fax 205.868.4040

## 1. Personal Information

Name: \_\_\_\_\_ Degree Pursued: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Gender: Male  Female   
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_  
Permanent Email Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## 2. Dental School Information

School Name: \_\_\_\_\_  
School Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Preferred Mailing Address:  Home  School Graduation Date: \_\_\_\_\_ Board Exam Date: \_\_\_\_\_

**Coverage is subject to limits of liability of \$1,000,000 each professional incident and \$3,000,000 policy aggregate, if this application is accepted.**

**No coverage for the practice of dentistry.** Coverage applied for is limited to your participation in required clinical examination for licensure as a dentist. Coverage is also extended to your limited participation in interviewing for a position after successful completion of your licensure examination provided you do not receive payment for services as a dentist, except for reimbursement of incidental expenses. Coverage is not provided for the practice of dentistry as an employee, independent contractor or owner of a dental practice.

**Fraud Warning** – I acknowledge the applicable fraud warning for my state as shown on the Fraud Warning Notices Page.

### Texas Purchasing Group Intent to Join

The undersigned insured hereby consents to join the American Dental Professional Liability Purchasing Group, a purchasing group formed under the provision of the Liability Risk Retention Act of 1986. One of the purposes of this group is to purchase insurance on a group basis. ProAssurance Indemnity Company, Inc., with its home office located in Birmingham, Alabama, underwrites insurance policies issued for this group and may not be subject to all the rules and regulations of your state.

### Virginia Purchasing Group Intent to Join

The undersigned insured hereby consents to join the ProAssurance Healthcare Providers Purchasing Group, a purchasing group formed under the provision of the Liability Risk Retention Act of 1986. One of the purposes of this group is to purchase insurance on a group basis. ProAssurance Indemnity Company, Inc., with its home office located in Birmingham, Alabama, underwrites insurance policies issued for this group and may not be subject to all the rules and regulations of your state.

### Consent to Conditions of Consideration of the Application for Insurance

I accept the following conditions during the processing and consideration of my application—regardless of whether or not I am granted insurance—and for the duration of the insurance which may be issued to me:

To the fullest extent permitted by law, I extend absolute immunity to, and release ProAssurance, its directors, officers, agents, employees and other authorized representatives from any and all liability for any acts pertaining to my application for insurance, including ultimate cancellation, rejection, or approval for insurance, and any communications, reports, records, statements, documents, or disclosures, including otherwise privileged or confidential information, made or given in good faith with respect to such application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: ProAssurance's Privacy Policy can be found on ProAssurance.com.

_____	_____
Agent's Name	Agency Name
_____	_____
Signature	Agency Address
_____	_____
Date	Phone