



The Professional Protector Plan® Dental Student's Equipment Coverage Application

1. Please answer all questions. Do not leave any blanks. If a question is not applicable, please write N/A.
2. Application must be signed and dated by applicant.

This is an application for insurance, not an insurance binder. Completion of this form neither binds coverage nor guarantees that a policy will be issued. Additional information may be required upon review of the application.

I agree that any coverage issued will be contingent upon the truth of the following information:

CONTACT INFORMATION

1. Applicant Name: _____	
2. Current Street Address: _____	
City / State / Zip: _____	
3. Post-Graduation Address: _____	
City / State / Zip: _____	
4. E-mail Address: _____	5. Post-Graduation E-mail Address: _____
6. Would you would like the PPP's quarterly Risk Management Newsletter sent via email?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Telephone Number: (_____) _____	8. Post-Graduation Telephone Number: (_____) _____
9. How did you hear about us? <input type="checkbox"/> Social Media <input type="checkbox"/> PPP Website <input type="checkbox"/> Dental School	
<input type="checkbox"/> Agent: _____	
<input type="checkbox"/> Other: _____	

POLICY REQUEST INFORMATION

10. Name of Dental School: _____ Graduation Date: ____ / ____ / ____	
11. After graduation I plan to: <input type="checkbox"/> Further my education <input type="checkbox"/> Join an existing practice <input type="checkbox"/> Open my own practice	
<input type="checkbox"/> Other: _____	
12. I want the following coverage: <input type="checkbox"/> Equipment at \$4,000 <input type="checkbox"/> Requested Amount *: \$ _____	
* If the requested amount exceeds \$4,000, please provide a list and cost of the equipment and the date purchased. Any premium for additional coverage will be billed to you.	
<input type="checkbox"/> I own my equipment <input type="checkbox"/> I lease my equipment	
13. Desired Effective Date: ____ / ____ / ____	

Upon approval of your application, coverage will become effective on the date requested or the date we receive your application, whichever is later. Premium for this coverage is \$100.00*. Please make your check payable to B&B Protector Plans, Inc. and mail it to P.O. Box 173569, Tampa, Florida 33672-1166. For assistance or questions, please call 1-800-922-5694.

AUTHORIZATION

I hereby acknowledge that the aforementioned statements and answers are correct and complete. I agree that any coverage issued will be contingent upon the truth of the preceding information. I further understand that any incorrect or incomplete statement could invalidate my coverage. I hereby authorize AAIC to release the information on this application and associated underwriting information.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

NOTICE TO APPLICANTS OF ALL STATES EXCEPT COLORADO, DISTRICT OF COLUMBIA, KANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, PUERTO RICO, TENNESSEE, VERMONT, VIRGINIA, WASHINGTON: Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

Signature in full Date

Agent's Signature Date

If you apply your signature to this application electronically, you hereby consent and agree that your use of a key pad, mouse or other device to affect your electronic signature constitutes your signature, acceptance and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

AGENCY INFORMATION

RETURN TO:		
State Administrator Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone #: (_____) _____	Agent's License Number: _____	

The Professional Protector Plan® is a registered trademark of B & B Protector Plans, Inc.®. Coverage is underwritten by AAIC.