**Are you interested**

**in a Workers’ Compensation Alternative?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Entity Name: | |  | | | | | | | | | | | | | |  |
| Mailing Address: | |  | | | | | | | | | | | | | |  |
| Federal Employers ID #: | |  | | | | | Telephone Number: | | | | | |  | | |  |
| Email Address: | |  | | | | |  | | | | | |  | | |  |
| List all Physical Locations: | |  | | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | | |  |
| Proposed Effective Date: | |  | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | # of Employees | | |
| Workers’ Compensation Payroll Total: | | | Dentist & Hygienists | | | | | 8832 | | $ | | | |  |  |  |
|  | | |  | | | | |  | |  | | | |  |  |  |
|  | | | Officers/Partners | | | | | 8832 | | $ | | | |  |  |  |
|  | | | Other | | | | |  | | $ | | | |  |  |  |
|  | | |  | | | | |  | | |  | | |  | | |
| Officers/Partners Coverage: | | |  | | | | | Included | | |  | | | Excluded | | |
|  | | |  | | |  | | |  | | |  | | | | |
|  | | | Option A | | | Option B | | | Option C | | |  | | | | |
| Part 2 – Employer’s Liability: | | | $100,000 | | | $500,000 | | | $1,000,000 | | | Each Accident | | | | |
| Please circle limits required | | | $500,000 | | | $500,000 | | | $1,000,000 | | | Disease – Policy Limit | | | | |
| If none circled, Option A will be offered. | | | $100,000 | | | $500,000 | | | $1,000,000 | | | Disease – Each Employee | | | | |
| Current Workers’ Compensation Carrier: | | | |  | | | | | | | | | | | |  |
| Current Workers’ Compensation Premium: | | | | | $ | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | |
| List any Workers’ Compensation claims for the past 4 years. | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | |  |

**Complete this Quick Indication Worksheet.**

**Benefits of Everest / Professional Protector Plan® for Dentists Partnership**

**Needle Stick Reimbursement Program –** Designed to pay dentists who perform tests on patients and employees when there is an accidental needle stick during patient dental treatment.

**Experienced Claims Representative –** All claims may be reported via phone, fax, or email, 24 hours a day, 7 days a week.

**Risk Control Resources for Dental Offices –** Immediate access to information, links and materials created specifically to address the risks that your dental office faces day to day.