**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.