



I hereby request that my application for insurance coverage under the provisions of the Professional Protector Plan® be submitted for consideration to the CNA Insurance Companies. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to the CNA Insurance Companies any and all information requested which may relate to my insurability under the Professional Protector Plan.

I hereby acknowledge that the aforementioned statements and answers are correct and complete. I further understand that any incorrect or incomplete statement could void my protection.

I hereby authorize CNA to release the information on this application and associated underwriting information.

I understand that my Professional Liability Coverage will be written on an "Occurrence form" and acknowledge that this coverage will only respond to claims which result from my candidacy for certification and/or licensure as a dentist.

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Any person who knowingly and with intent to defraud any insurance company or other person filed an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution, and confinement in state prison.

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**APPLICABLE TO NEW YORK ONLY**

Fines will not exceed five thousand dollars and the stated value of the claim for each such violation.

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**APPLICABLE TO COLORADO ONLY**

Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant, for the purpose of defrauding or attempting to defraud the policyholder or claimant, with regard to settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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Signature in full: \_\_\_\_\_ Date: \_\_\_\_\_

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

The Professional Protector Plan® is a registered trademark of Brown & Brown, Inc.®. Coverage is underwritten by Continental Casualty Company, one of the CNA property/casualty insurance companies. CNA is a service mark registered with the US Patent and Trademark Office.