



# The Professional Protector Plan® Property Supplement



<b>Name:</b> (First/Middle Initial/Last/Designation) _____	<b>Policy Number</b> _____	<b>Desired Effective Date</b> _____/_____/____
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**TELL US ABOUT YOUR PROPERTY INFORMATION (Please complete a separate property supplement for each practice location.)**

1. Practice Address

\_\_\_\_\_

Street City County State Zip Code

2. Construction of the Building you occupy:

Frame    Joisted Masonry    Non-Combustible    Masonry Non-Combustible    Modified Fire Resistive    Fire Resistive

3. Describe the building in which you are located

No. of Stories	Floor in which you are located	Year Built	Total Square Footage of the Building	Square Footage of Your Office	Basement Finished?	Agent Use Only Protection Class
					<input type="checkbox"/> YES <input type="checkbox"/> NO	

4. If the building is over 25 years – what year was it last updated? \_\_\_\_\_

Year roof updated?	Electric Meets Building Code?	Plumbing is maintained to prevent exposure to leaking or frozen pipes?	Building was designed for a different occupancy and has been modified?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES If yes, what was building designed for: _____ _____
			<input type="checkbox"/> NO

5. Is your practice location equipped with any of the following systems?

	Local	Central Station	None
A. Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Burglar Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TELL US ABOUT YOUR LOCATION**

6. Is the location within 1,000 feet of a fire hydrant?.....  Yes    No

7. What is your practice location's distance to the nearest fire station?..... \_\_\_\_\_

8. Is your practice located in your residence? ..... Yes   No  
If "Yes", does your office have a separate entrance? ..... Yes   No

9. Are cash and checks deposited daily?..... Yes   No

10. How do you store your cash on hand? .....  Safe    Fire Restrictive Container    Other (describe) \_\_\_\_\_  
A. Amount of cash left on premises overnight ..... \$ \_\_\_\_\_

11. How do you store your accounts receivable records?  Computer    Fire Restrictive Container    Other (describe) \_\_\_\_\_

12. Do you maintain duplicate accounts receivable records? ..... Yes   No

13. Are accounts receivable duplicates kept off your premises? ..... Yes   No

14. Are you within 1 mile of an ocean, gulf or river? ..... Yes   No

15. Are you less than 10 feet above sea level? ..... Yes   No

**TELL US ABOUT YOUR LOCATION – Continued**

16. Total number of operatories: Fully equipped: \_\_\_\_\_ Partially equipped: \_\_\_\_\_ Bays: \_\_\_\_\_

17. Name and address of Loss Payee or Lessor on contents (i.e., office and dental equipment):

Name Street City State Zip Code

Name Street City State Zip Code

18. Which coverage do you prefer?

- PPP Standard
- PPP Gold Includes Unauthorized Business Card Use, Computer Fraud, Claims Data Expense, and other valuable coverages (Please contact your agent for information on this valuable coverage)

**ESTIMATE THE TOTAL COST TO REPLACE THE DENTAL PRACTICE PERSONAL PROPERTY AND INCOME**

19. Practice Contents	Amount of Coverage Desired
A. Furniture and Fixtures	
B. Operatory Equipment	
C. Instruments and Supplies	
D. Improvements and Betterments	
E. Glass	
F. Other	
<b>Practice Contents Subtotal (100% Replacement Cost):</b>	<b>\$</b>

	Standard Limit	Amount of Coverage Desired
<b>20. Practice Records/Charts, Account Receivables, Valuable Papers, X-Rays:</b>	<b>\$25,000</b>	
<b>21. Dental Practice Blanket Limit Total (total 19 &amp; 20)</b>		
<b>22. Signs not attached to building</b>	<b>\$ 10, 000</b>	
<b>23. Inflation Guard – (Dental Practice Personal Property (May select quarterly increases up to 5% - Contact your agent)</b>	<b>Optional</b>	<b>Quarterly: _____%</b>
<b>24. Do you desire Business Interruption (VPI) Coverage? (Profit and Loss Statement may be required)</b> If "Yes", provide: A. daily limit desired B. number of days C. gross annual income/production: D. average number of days per week the practice is open:	<input type="checkbox"/> Yes <input type="checkbox"/> No A. \$ _____ B. _____ C. \$ _____ D. _____	
<b>25. Employee Dishonesty:</b>		
A. Monies and Securities: Optional Amounts available: <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$ 75,000 <input type="checkbox"/> \$100,000	<b>\$ 25,000</b>	
B. Welfare and Pension Plans: Other amount requested:	<b>\$25,000</b>	
<b>26. Dentist's Electronic Equipment (including Electronic Data Processing equipment)</b>	<b>\$ 50,000</b>	
A. Do you use surge protection devices	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>27. Fine Arts</b> (subject to maximum of \$1,000 per item; attach Appraisals for each piece valued over \$ 1,000)	<b>\$ 25,000</b>	
<b>28. Back up of Sewer and Drain</b>	<b>\$ 25,000</b>	
Optional limits available <input type="checkbox"/> \$ 50,000 <input type="checkbox"/> \$100,000		
<b>29. Equipment Breakdown Coverage?</b>		
A. <input type="checkbox"/> Dental Equipment only <input type="checkbox"/> Dental Equipment and HVAC B. Do you own the Building? C. Value of the Building?	B. <input type="checkbox"/> Yes <input type="checkbox"/> No C \$ _____	
<b>30. Property Deductibles – Subject to State Exceptions</b>		
Deductibles Available: <input type="checkbox"/> \$ 250 <input type="checkbox"/> \$ 500 <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$ 10,000		

TELL US ABOUT YOUR BUILDING

<b>BUILDING INFORMATION - Complete only if you desire insurance on the building through this plan.</b>	<b>Standard Limit</b>	<b>Amount of Coverage Desired</b>
<b>31. Building --- (Current Cost to Replace)</b>		
A. Additional buildings on premises (garage, storage building)		
B. Inflation guard (May select quarterly increases up to 5% - Contact your agent)	<b>Mandatory</b>	<b>Quarterly: _____%</b>
<b>32. Ordinance or Law (Building)</b>	<b>\$100,000</b>	
<p>33. Have you had any coverage declined, cancelled, non-renewed, or have had property losses (fire, burglary, water damage, premises earthquake, etc.) or employee dishonesty losses during the past three years? ..... Yes No</p> <p>If "Yes", please give details (cause of loss, amount paid, date of loss) on a separate sheet of paper.</p> <p>34. Has there been any changes in tenants or vacancy?..... Yes No</p> <p>A. Please indicate tenants by type of business and/or operations conducted and square footage for each. If any vacancy, please <b>indicate % of vacancy</b></p> <p>_____ Sq. Feet _____</p> <p>_____ Sq. Feet _____</p> <p>B. % of Vacancy</p> <p>_____ Sq. Feet _____</p> <p>_____ Sq. Feet _____</p> <p>35. Is your Building: A. located on a known land subsidence area?..... Yes No</p> <p>B. resting on a saturated man-made (filled ground) or alluvial (soft) soil? ..... Yes No</p> <p>36. Legal Name of Building Owner: _____</p> <p>37. Name and address of Mortgagee:</p> <p>_____</p> <p>Name Street City State Zip Code</p> <p>_____</p> <p>Name Street City State Zip Code</p>		
38. Describe the occupant to the right of your building, including distance.	Describe the occupant to the left of your building, including distance.	Describe the occupant to the rear of your building, including distance.

**Earthquake and Flood (Coverage is not available in all states and/or zones)**

39. Is earthquake insurance coverage desired? ..... Yes No	
If "Yes", please check coverage desired.	
* Contents/ Blanket: <input type="checkbox"/>	
** Contents/ Blanket and Building: <input type="checkbox"/>	
40. Is flood insurance coverage desired? ..... Yes No	
If "Yes", please check coverage desired.	
* Contents/ Blanket: <input type="checkbox"/>	
** Contents/ Blanket and Building: <input type="checkbox"/>	
* Business Income coverage is mandatory	
** Business Income and Rental Income coverages are mandatory	

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 the CNA Insurance Companies to release the information on this application and associated underwriting information.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For District of Columbia residents only: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.) (For Florida residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.) (For Louisiana residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For Maine residents only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.) (For New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Oklahoma residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.) (For Pennsylvania residents only: Any person who knowingly and with intent to defraud any insurance company or other person files 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 insurance act, which is a crime and subjects such person to criminal and civil penalties.) (For Puerto Rico residents only: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousands dollars (\$5,000) nor more than ten thousands dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.) (For Tennessee residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.) (For Washington residents only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.)

Signature in full:

Date

**REMINDER:**

**Please attach a sample of your letterhead and a copy of all of your dental practice "Yellow Pages" advertising, if any, to this application.**



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