



# 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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**PROPERTY INFORMATION (Please complete a separate property supplement for each practice location.)**

1. Practice Address:

Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Describe the building in which you are located:

Construction of Building you occupy	No. of Stories	Floor on Which You Are Located	Year Built	Total Sq. Footage of Building	Square Footage of Your Office	Square Footage of Basement(s)	Basement(s) Finished	<b>Agent Use Only</b> Protection Class
							<input type="checkbox"/> YES <input type="checkbox"/> NO	

3. If the building is over 25 years of age, please indicate the year the building was updated: \_\_\_\_\_

Year Roof Updated \_\_\_\_\_

Electric Meets Building Codes  Yes  No

Building was built for a different occupancy and has been modified  Yes  No If Yes, please describe: \_\_\_\_\_

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

	YES		NO
	Local	Central Station	
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"/>

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

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

6. Is your practice located in your residence? .....  Yes  No

If "Yes," does your office have a separate entrance? .....  Yes  No

7. Do you utilize a watchman service?.....  Yes  No

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

9. How do you store your cash on hand?  Safe  Fire Resistive Container

Other (describe) \_\_\_\_\_

A. Amount of cash left on premises overnight.....\$ \_\_\_\_\_

10. How do you store your accounts receivable records?  Computer  Fire Resistive Container

Other (describe) \_\_\_\_\_

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

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

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

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

**DESCRIPTION OF CONTENTS**

15. Total number of operatories: Fully equipped:_____ Partially equipped:_____ Bays:_____				
16. 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
_____	_____	_____	_____	_____
17. Which coverage do you prefer?				
<input type="checkbox"/> PPP Standard			<b>Please contact your agent for information</b>	
<input type="checkbox"/> PPP Gold ( <b>An additional charge applies</b> ) Includes Unauthorized Business Card Use, Computer Fraud, Claims Data Expenses and other valuable coverages				
Estimate the total cost to replace Dental Practice Personal Property:				<u>Amount of</u>
PPP Standard				<u>Coverage Desired</u>
A. Practice Contents:				+ _____
1. Furniture and fixtures.....				+ _____
2. Operatory equipment.....				+ _____
3. Instruments and supplies.....				+ _____
4. Improvements and betterments.....				+ _____
5. Glass.....				+ _____
6. Other _____				+ _____
<b>Practice Contents Subtotal</b> (100% Replacement cost).....				<b>\$</b> _____
B. Practice Records/Charts, Account Receivables, valuable Papers, X-Rays: ..... \$25,000 minimum				+ _____
<b>C. Dental Practice Blanket Limit Total (A + B)</b> .....				+ _____
D. Signs not attached to building..... \$10,000.....				+ _____
18. Inflation Guard – Dental Practice Personal Property.....Optional.....				_____ %
(May select <b>quarterly</b> increase from 1% - 5%)				Quarterly
19. Valued Practice Income.....				\$ _____ / _____
Minimum daily limit of \$300 / 32.5 days				Daily Limit / # days
20. If value practice income limit is selected, please provide your gross annual production.....				\$ _____
Number of days per week the practice is open.....				_____
21. Rents (annual rental income).....Optional.....				\$ _____
22. Employee Dishonesty				
a. money securities.....\$25,000.....				\$ _____
b. welfare and pension plans.....\$25,000.....				\$ _____
23. Dentist's Electronics Equipment (including Electronic Data Processing equipment).....50,000.....				\$ _____
Do you use surge protection devices? <input type="checkbox"/> Yes <input type="checkbox"/> No				
24. HVAC Equipment Breakdown Coverage .....				\$ _____
If yes, do you own the building in which your office is located? .....				<input type="checkbox"/> Yes <input type="checkbox"/> No
Building value .....				\$ _____
25. Fine Arts (attach appraisals, if additional coverage is desired).....\$25,000.....				\$ _____
maximum \$1,000 per item				
26. Back up of Sewer or Drain .....				\$ _____
27. Have you had any coverage declined or property losses (fire, burglary, water damage, premises, earthquake, etc.) or employee dishonesty losses during the past three (3) years?.....				<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please give details (cause of loss, amount paid, date of loss) on a separate sheet of paper.				
28. Property Deductible - \$250 (Optional Deductibles of \$500, \$1,000, \$2,500, \$5,000 and \$10,000 available				\$ _____

**BUILDING INFORMATION - Complete questions 29 – 36 only if you desire insurance on the building through this plan.**

29. Building --- (Current Cost to Replace).....		\$ _____
a. additional buildings on premises (garage, storage building).....		\$ _____
b. inflation guard (may select <b>quarterly</b> increase from 1% - 5%) .....	Mandatory	_____ %
		Quarterly
30. Ordinance or Law (Building).....	\$100,000.....	\$ _____

31. Please indicate % of vacancy, or tenants by type of business and/or operations conducted, and square footage for each:

\_\_\_\_\_ Sq. feet: \_\_\_\_\_

\_\_\_\_\_ Sq. feet: \_\_\_\_\_

32. Is your building located on a known land subsidence area?.....  Yes  No

33. Is your building resting on a saturated man-made (filled ground) or alluvial (soft) soil? .....  Yes  No

34. Name of building owner: \_\_\_\_\_

35. Name and address of Mortgagee:

Name	Street	City	State	Zip Code
Name	Street	City	State	Zip Code

36. 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.

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 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 Tennessee and Washington Residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont Residents only: which may be a crime and may be subject to civil fines and criminal penalties.)

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

Date \_\_\_\_\_

**RETURN TO:**



230 N. Washington Sq., Ste. 304  
Lansing, MI 48933  
(800) 860-2272

**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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