



Request for quote

Professional Liability Insurance

In addition to professional liability insurance, MDA Insurance also offers workers' comp, practice property, data breach/cyber liability and employment practices liability coverage. Why not get better coverage and save money?

My information	
First name _____	Last name _____
Name of employer/practice _____	
Practice address (please include city, state and ZIP) _____	
Please contact me via: <input type="checkbox"/> Phone _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> FAX: _____	
Type of professional liability coverage you would like quoted <input type="checkbox"/> Claims-made <input type="checkbox"/> Occurrence <input type="checkbox"/> Both	Number of hours practiced per week _____
Please list % of Medicaid patients seen in the practice _____	
Which of the following procedures do you perform? <input type="checkbox"/> Partially Impacted 3rd Molar Extractions (D7220, D7230) <input type="checkbox"/> Fully Impacted 3rd Molar Extractions (D7240, D7241, D7250) <input type="checkbox"/> Mini Implants (D6013) <input type="checkbox"/> Irreversible TMJ Procedures	
<input type="checkbox"/> Implant Placement / Uncovering / Surgery (D6010) <input type="checkbox"/> Molar Endodontics on Permanent Teeth (D3330) <input type="checkbox"/> Sleep Apnea Therapy <input type="checkbox"/> None of these	
Your current malpractice carrier*	Your annual premium \$ _____
Limits of liability carried \$ _____	Expiration date of your policy ____/____/____
Retroactive/Prior Acts date of your current policy (if claims-made) _____	
Number of dentists that will be covered on your policy _____	Have you had any malpractice claims in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No

**If possible, please include a copy of your current policy with this request form*

Email your completed request form to: commins@mdaifg.com