



The Professional Protector Plan® Employment Practices Liability Indemnity Application

THE POLICY YOU ARE APPLYING FOR MAY PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD, OR DURING AN APPLICABLE EXTENDED REPORTING PERIOD. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED, BY CLAIM EXPENSES, AND CLAIMS EXPENSES WILL BE APPLIED AGAINST THE DEDUCTIBLE, UNLESS OTHERWISE PROVIDED BY THE POLICY. IN NO EVENT WILL THE INSURER BE LIABLE FOR CLAIMS EXPENSE OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY.

1. Please answer all questions. Do not leave any blanks. If a question is not applicable, please write N/A.
2. Application must be signed and dated by applicant.

This is an application for insurance, not an insurance binder. Completion of this form neither binds coverage nor guarantees that a policy will be issued. Additional information may be required upon review of the application.

I agree that any coverage issued will be contingent upon the truth of the following information:

PPP Named Insured: _____ Policy Number: _____
 Requested Effective Date: ____ / ____ / ____

1. Are you applying for prior acts coverage through AAIC:
 - A. For yourself?..... Yes No
 - B. For your legal entity?..... Yes No

If **"Yes"**, please provide a copy of the declarations page of your current carrier.
 If **"No"**, was an extended reporting endorsement (tail) purchased from your previous carrier?..... Yes No
2. Have you ever had Employment Practices Liability coverage declined, canceled, or non-renewed?..... Yes No
 If **"Yes"**, provide reasons: _____

3. Regardless of whether or not such may have been covered by any insurance policy, have you had or do you presently have any employment related claims including, but not limited to, complaints, charges, grievances, arbitrations, litigations, administration, sexual harassment, wage and hour violations, and unfair labor practices?..... Yes No
 If **"Yes"**, please explain: _____

4. Are you aware of any facts, incidents, or circumstances which may result in employment-related claims being made against you?..... Yes No
 If **"Yes"**, please explain: _____

5. Have you been involved in any administrative proceedings related to EEOC investigations?..... Yes No
 If **"Yes"**, please explain: _____

6. Please provide the following information on your employees. Please include any leased employees.
 - A. Number of non-dentist employees (i.e., hygienist, dental assistant, etc.): _____
 - B. Number of independent contractor dentists: _____
 - C. Number of employee dentists: _____
 - D. Number of independent contractor hygienists: _____
7. Do you have written policies in place relating to professional conduct in the work environment?..... Yes No
 If **"No"**, provide reasons: _____

8. What are the total revenues for all office locations? _____

DESIRED COVERAGE

9. Limits of Liability (State Exceptions may apply):

- \$25,000 \$50,000 \$75,000 \$100,000
 \$250,000 \$500,000 \$750,000 \$1,000,000 Other: \$ _____

10. Limit Type:

- All-share – insured dentists will all share the limit of liability selected above as set forth in your Policy
 Separate – each insured dentist will have their own separate limit of liability equal to the limit selected above as set forth in your Policy
If "**Separate**", do you desire shared or separate limits of liability of coverage for your legal entity? Shared Separate (additional charges will apply)

Number of partners / corporate officers: _____

AUTHORIZATION

I hereby acknowledge that the aforementioned statements and answers are correct and complete. I agree that any coverage issued will be contingent upon the truth of the preceding information. I further understand that any incorrect or incomplete statement could invalidate my coverage. I hereby authorize AAIC to release the information on this application and associated underwriting information.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

NOTICE TO APPLICANTS OF ALL STATES EXCEPT COLORADO, DISTRICT OF COLUMBIA, KANSAS, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, PUERTO RICO, TENNESSEE, VERMONT, VIRGINIA, WASHINGTON: Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

Signature in full

Date

Agent's Signature

Date

If you apply your signature to this application electronically, you hereby consent and agree that your use of a key pad, mouse or other device to affect your electronic signature constitutes your signature, acceptance and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.



insurance
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