



DENTISTS POLICY DECLARATIONS

THE COVERAGE PARTS TO THIS POLICY MAY BE WRITTEN ON AN OCCURRENCE OR A CLAIMS MADE AND REPORTED BASIS.

NOTICE: WITH RESPECT TO ANY CLAIMS MADE AND REPORTED COVERAGE PART SUCH COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD IN ACCORDANCE WITH PROVISIONS OF THE POLICY.

PLEASE READ THIS POLICY CAREFULLY.

This is a nonparticipating policy that does not pay dividends to policyholders.

NAMED INSURED AND ADDRESS		PRODUCER
Item 1. Attn:	«CusChangeName» «CusStreetAddress» «CusCityStateZip» «CusContactFullName»	«ProChangeName» «ProContactFullName» «ProStreetAddress» «ProCityStateZip»
POLICY NUMBER		INSURER
«PolNumber»		«PolUWCompany»
PROGRAM ADMINISTRATOR		«CNAStreet»
«ProgramAdminName» «ProgramAdminStreetAddress» «ProgramAdminCityStateZip»		«CNACity» «CNAState» «CNAZipcode» 1-877-574-0540

Item 2. **Policy period:** «PolEffectiveDate» to «PolExpirationDate» *12:01 a.m. local time per address Item 1.*

Item 3. PROFESSIONAL LIABILITY ("PL") Claims Made and Reported Occurrence

Healthcare Profession(s)/Description of Operations:

A. Professional Liability Limits of Liability: \$_____ PL Aggregate Limit of Liability
 Included within and not in addition to the PL Aggregate:
 \$_____ each **claim per insured dentist**
 \$_____ aggregate per **insured dentist**
 \$_____ each **claim per named insured entity**
 \$_____ aggregate per **named insured entity**

Retroactive Date: _____

B. Abuse and Molestation Claim Defense Costs Limits (included within the PL Aggregate): \$_____ **abuse and molestation defense costs** aggregate

C. Billing Errors and Omissions: \$_____ aggregate Billing Limit of Liability

D. PL Deductible:
 \$_____ each **claim per insured dentist**
 \$_____ each **claim per named insured entity**
 \$_____ aggregate per **insured dentist**
 \$_____ aggregate per **named insured entity**



Item 4. PL SUPPLEMENTARY BENEFITS (in addition to the PL Limits of Liability)

- A. Subpoena Assistance Costs: \$ _____ per subpoena
\$ _____ aggregate
- B. Assault: \$ _____ each **assault incident**
\$ _____ aggregate all **assault incidents**
- C. Patient First Aid Medical Expenses: \$ _____ **medical expenses** per person
- D. Media Event Expenses: \$ _____ aggregate
- E. HIPAA Proceeding: \$ _____ aggregate

Item 5. GENERAL LIABILITY ("GL"): Occurrence \$ _____ General Liability Aggregate Limit ("GL Aggregate Limit")

- A. Bodily Injury and Property Damage Liability Limit (included within the GL Aggregate and Products-Completed Operation Hazard Aggregate): \$ _____ each **occurrence**
- B. Personal and Advertising Injury Limit (included within the GL Aggregate): \$ _____ each person or entity
- C. Non-Patient Medical Expenses Payment Limit (included within the GL Aggregate): \$ _____ per person
- D. Damage to Rented Property Each Premises Limit (included within the Bodily Injury and Property Damage each **occurrence** Limit, above): \$ _____ any one premises
- E. Non-Owned or Hired Automobile Liability Sublimits (included within the GL Aggregate): \$ _____ each **occurrence**
\$ _____ aggregate
- F. Products-Completed Operations Aggregate Limit: \$ _____ aggregate

Item 6. GL SUPPLEMENTARY BENEFIT (in addition to the GL Aggregate)

- A. Medical Waste Expense Supplementary Benefit Limits: \$ _____ each suit **legal expenses**
\$ _____ annual aggregate **legal expenses**

Item 7. PL AND GL SUPPLEMENTARY BENEFIT (in addition to the GL Aggregate)

- A. Proceeding Expense Reimbursement: \$ _____ maximum each **insured** per day
\$ _____ maximum each **insured** per proceeding

Item 8. EMPLOYEE BENEFITS LIABILITY ("EBL"): Occurrence \$ _____ each **employee**
\$ _____ EBL Aggregate Limit

Item 9. EMPLOYMENT PRACTICES LIABILITY ("EPL"): Claims Made and Reported (**DEFENSE WITHIN LIMITS**) \$ _____ each **claim**
\$ _____ EPL Aggregate Limit

EPL Deductible (applies to each and every **claim**): \$ _____ each **claim**

Retroactive Date: _____

Item 10. ERISA FIDUCIARY LIABILITY ("FID"): Claims Made and Reported \$ _____ each **claim**
Retroactive Date: _____ \$ _____ FID Aggregate Limit



Item 11. PREMIUM

Premium

Taxes, Fees and/or Surcharges

\$ _____
\$ _____

Item 12. Forms and Endorsements Attached at Inception - See
Forms Schedule

By _____
Countersignature (In States Where Applicable)

Authorized Representative