The AAO Deluxe Business Office Package For Orthodontists

Application for Insurance

❑ Individual ❑ Partnership ❑ Corporation ❑ Other _____

PLEASE PRINT

NAMED INSURED: _____

OWNER / PRINCIPAL: _____ SOCIAL SECURITY #: _____

COMPLETE MAILING ADDRESS: _____

_____

_____ COUNTY: _____

E-MAIL _____ FAX _____

PROPOSED EFFECTIVE DATE: _____ PREMIUM PAYMENT: ❑ Annual ❑ Quarterly

1. LOCATION TO BE INSURED

LOCATION	ADDRESS (if different from above)	CONSTRUCTION TYPE*	OWNER/ TENANT	SPRINKLERED
1				❑ Yes ❑ No
2				❑ Yes ❑ No

*FRAME, BRICK, NON-COMBUSTIBLE, OR FIRE RESISTIVE

2. BUILDING

LOCATION	BUILDING AGE	NUMBER OF STORIES	TOTAL ** SQUARE FEET YOU OCCUPY	VALUE OF BUILDING*** AT 100% REPLACEMENT IF OWNED
1				
2				

**TOTAL SQUARE FEET INCLUDES 50% OF BASEMENT AREA ***ATTACH APPRAISAL IF VALUE IS $400,000 OR MORE

3. PERSONAL PROPERTY AND CONTENTS

(Personal property includes supplies, inventories of stock, equipment, furniture, etc) VALUE: LOC # 1 $ _____

ADDITIONAL INTERESTS (Mortgagee, Loss Payee, Additional Insureds) LOC # 2 $ _____

LOCATION	NAME & ADDRESS	RELATIONSHIP WITH INSURED
1		
2		

4. ADDITIONAL ITEMS

A. DEDUCTIBLE: applies to property coverage for all locations ❑ $250 ❑ $500 ❑ $1,000 ❑ $2,500

B. ACCOUNTS RECEIVABLE: Location # 1 $ _____limit
Location # 2 $_____limit $25,000 included

C. VALUABLE PAPERS: Location # 1 $_____limit
Location # 2 $_____limit $25,000 included

5. *OPTIONAL COVERAGES* These coverages will be listed separately with your quotation.

A. UMBRELLA LIABILITY The general liability limits are $1,000,000/$2,000,000 automatically. If you would like additional limits above these, please indicate: ❑ $1,000,000 ❑ $2,000,000 ❑ $5,000,000

B. EARTHQUAKE COVERAGE: Location # _____ (Not available in all states) Limit _____

C. ENERGY EQUIPMENT: Mechanical Breakdown ❑ Yes ❑ No Limit_____
This option covers the unit only. Damage to property as a result of a defective unit is already covered in this policy.

D. COMPUTER COVERAGE: $10,000 included

LOCATION	HARDWARE LIMIT
#	
#	

E. WELFARE AND RETIREMENT FUND COVERAGE (ERISA): $_____limit. (limit equal to 10% of fund balance)
Official name of retirement plan: _____

6. *LOSS HISTORY* (for most recent 5 years)

DATE OF LOSS	DESCRIPTION/CAUSE OF LOSS	AMOUNT OF LOSS PAID AND RESERVE	REMEDIAL ACTION TAKEN TO PREVENT REOCCURRENCE OF LOSS

If there are more than two covered losses in a single year or a single loss exceeds $2,500 this account must be referred to the company prior to binding coverage.

7. *ELIGIBILITY*

A. Is any portion of the building vacant, unoccupied or seasonal? ❑ Yes ❑ No

B. Are buildings over 10 years old? ❑ Yes ❑ No

C. Are adequate locks, bars or burglary resistive doors on all openings? ❑ Yes ❑ No

D. Is there an audit, including test verification of accounts receivable at least annually by a CPA or Professional Staff Auditor? ❑ Yes ❑ No

E. Is the applicant responsible for maintenance of areas outside of the office such as hallways, stairs or walkways? ❑ Yes ❑ No

F. Are employees' duties divided so that no one individual is permitted to handle cash and control cash records? ❑ Yes ❑ No

G. Is there a reconcilliation of bank accounts at least monthly by a person who does not prepare or make deposits or prepare or sign checks? ❑ Yes ❑ No

H. Are Money and Securities kept in a U.L. listed safe? ❑ Yes ❑ No

I. Does the applicant's business involve outside activities by more than 15 employees or contracted agents? ❑ Yes ❑ No
If yes, attach a detailed description of the activities of these employees to this application.

J. If the applicant leases / rents space to others, provide the following data:
Mercantile _____sq. ft. Office _____sq. ft. Apartment _____sq. ft.

K. State the number, size and type of hand held fire extinguishers.

L. Fully describe any private protection systems on the premises for Fire and / or Burglary._____
_____

8. *INSPECTION CONTACT* If an inspection of the premises is needed, who should be contacted at your office?

NAME: _____ PHONE NUMBER: _____

Any person who knowingly and with the intent to defraud any insurance company or another person files and an application 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 the person to criminal and (NY: substantial) civil penalties.

_____ PRINT LAST NAME: _____ DATE: _____