Property Application

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:

Full Name:_____ ☐ **DDS** ☐ **DMD** ☐ **MD** ☐ **BDS** ☐ **MS**

☐ **New Policy** **Requested Effective Date:**____/_____/_____

☐ **Rewrite of Policy Number:**

☐ **Renewal of Policy Number:** _____

Do not answer questions 1-9 if your Professional Liability (PL) is already written by AAIC or if you are also submitting a PL application at this time

PLEASE TELL US ABOUT YOUR PRACTICE

1. Mailing Address:_____

City / State / Zip:_____

2. Telephone Number: _____ **3.** Fax Number: _____

4. Email Address:_____ **5.** Web Address:_____

6. Under which business structure do you practice?

☐ Sole Proprietor ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Incorporated ☐ Partnership

☐ Employee Dentist Name of Employer / Facility:_____

☐ Independent Contractor

Name of Employer / Facility:_____

7. Name of your legal entity (if any):_____

A. Is the sole function / purpose of this entity for the practice of dentistry?..... ☐ Yes ☐ No

If **"No"**, please provide details:_____

8. Years in business:_____

9. Are you in a space-sharing arrangement or agreement with another Dentist, Oral / Maxillofacial Surgeon, or other Healthcare Provider not individually insured by AAIC who has access to or will be using your office or dental equipment?..... ☐ Yes ☐ No

PLEASE TELL US ABOUT YOUR INSURANCE HISTORY

10. Have you ever had any property insurance refused, canceled, or non-renewed?..... ☐ Yes ☐ No
(**THIS QUESTION IS NOT APPLICABLE TO MISSOURI RESIDENTS)**

11. Have you had any property claims (fire, burglary, water damage, earthquake, etc.) or employee dishonesty losses during the past three years in excess of $5,000?..... ☐ Yes ☐ No
If **"Yes"**, please give details (cause of loss, amount paid, date of loss) on a separate sheet of paper.

12. Please indicate current property insurance carrier. If none, state "None."

Insurance Carrier	Effective Date	Expiration Date	Limits of General Liability

TELL US ABOUT YOUR PROPERTY (Please complete a separate property supplement for each practice location.)

13. Practice Address:

Street City County State Zip

14. Construction of the building you occupy:

- ☐ **Frame** (exterior walls are wood or other combustible material, or exterior walls are combustible materials combined with other materials such as brick veneer or stucco)
- ☐ **Joisted masonry** (exterior walls are masonry but floors and roof are combustible)
- ☐ **Masonry non-combustible** (exterior walls are masonry; floors and roof are metal or other non-combustible materials)
- ☐ **Non-combustible** (exterior walls, floors, and roof are constructed of, and supported by, metal, asbestos, gypsum or other noncombustible materials)
- ☐ **Modified fire-resistive** (exterior walls, floors, and roof are masonry or fire resistive materials with fire resistance rating of at least 1 hours but not less than 2 hours)
- ☐ **Fire-resistive** (exterior walls, floors, and roof are masonry or fire-resistive material with fire resistance rating of at least 2 hours or more)

15. Describe the building in which you are located:

No. of stories	Floor in which you are located	Year built	Total square footage of building without basement	Square footage of your office	Square footage of your basement	Basement finished?	**Agent Use Only Protection Class**
						☐ Yes ☐ No	

16. If the building is over 25 years – what year was it last updated?

Roof _____ Electrical _____ HVAC _____ Plumbing _____ Gut Renovation _____

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

	Local	**Central Station 24- hour monitored**	**None**
A. Sprinkler	☐	☐	☐
B. Fire Alarm	☐	☐	☐
C. Smoke Detectors	☐	☐	☐
D. Burglar Alarm	☐	☐	☐
E. Automatic Water Shut Off Valve	☐	☐	☐

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

19. What is your practice location's distance to the nearest fire station?..... _____

20. Is your practice located in your residence?..... ☐ Yes ☐ No

If **"Yes"**, please provide proof of **current** residential coverage.

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

21. Are cash and checks deposited daily?..... ☐ Yes ☐ No

22. How do you store your cash on hand? ☐ Safe ☐ Fire restrictive container ☐ Other (describe): _____

A. Amount of cash left on premises overnight: $_____

23. How do you store your accounts receivable records? ☐ Electronically ☐ Fire resistive container ☐ Other (describe): _____

24. Do you maintain duplicate accounts receivable records?..... ☐ Yes ☐ No

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

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

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

28. Total number of operatories: Fully equipped:_____ Partially equipped:_____ Bays:_____

29. Name and address of Loss Payee or Lessor on contents (i.e., office and dental equipment):

Name	Street	City	State	Zip
Name	Street	City	State	Zip

ESTIMATE THE TOTAL COST TO REPLACE THE DENTAL PRACTICE, PERSONAL PROPERTY, AND INCOME

30. Blanket Practice Contents	**Amount of Coverage Desired**
A. Furniture and Fixtures (Including computers)	
B. Operatory Equipment	
C. Instruments and Supplies	
D. Improvements and Betterments (Including custom cabinetry) *For example, property that would be considered part of the building, which you are responsible for or you are required to insure pursuant to the terms of a lease agreement.*	
E. Glass	
F. HVAC (requires purchase of Equipment Breakdown coverage Q#40) **Only if required by your lease agreement*	
G. Practice Records/Charts, Accounts Receivables, Valuable Papers, X-Rays ($25,000 automatically included)	
Total Blanket Practice Contents (must be 100% Replacement Cost):	$

	Standard Limit	**Amount of Coverage Desired**
31. Sign not attached to building	**$10,000**	
32. Employee Dishonesty: **A.** Monies and Securities	**$35,000** **$20,000 inside** **$15,000 outside**	Optional Amounts available: ☐ $50,000 ☐ $75,000 ☐ $100,000
B. Welfare and Pension Plans	**$25,000**	
33. Dentist's Electronic Equipment (including Electronic Data Processing equipment) *Higher limits available through Equipment Breakdown coverage option* **A.** Do you use surge protection devices? ☐ Yes ☐ No	**$50,000**	
34. Theft Coverage for Precious Metals	**$25,000**	
35. Fine Arts (attach appraisals for each piece valued over $1,000 per item limit)	**$30,000**	
36. Back up of Sewer or Drain	**$25,000**	Optional limits available: ☐ $50,000 ☐ $100,000 ☐ Other: $_____

37. Business Interruption (VPI) Coverage – Minimum $1,000 per day / 30 days (Profit & Loss [P&L] Statement may be required)

A. Daily limit desired (minimum $1,000 required unless P&L provided): $_____

B. Number of days (minimum 32.5, maximum 180): _____

C. Gross annual income / production (please provide P&L): $_____

D. Average number of days per week the **practice** is open: _____

NOTE: The standard waiting period is 24 hours. Optional extended waiting periods may be available. Please speak to your agent regarding the options available in your area.

38. Property deductibles (subject to state exception): ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000

OPTIONAL PROPERTY COVERAGE ENHANCEMENTS (Additional charges will apply):

39. Would you like to add a Property Enhancement Endorsement? *Contact your agent for details*..... ☐ Yes ☐ No

If **"Yes"**, please select one: ☐ PPP Gold ☐ PPP Platinum

40. Would you like Equipment Breakdown Coverage? ☐ Yes, Dental Equipment only ☐ Yes, Dental Equipment and HVAC ☐ No

If **"Yes"**, do you own the building?..... ☐ Yes ☐ No

A. Value of the building (if you do not own the building, provide estimate of occupied structure): $_____

41. Would you like Fungi, Wet Rot, Dry Rot, and Microbe coverage (limit of $25,000)?..... ☐ Yes ☐ No

42. Would you like Condominium Unit Owner's Loss Assessment coverage?..... ☐ Yes ☐ No

If **"Yes"**, please select a limit: ☐ $1,000 ☐ $5,000 ☐ $10,000 ☐ Other: $_____

TELL US ABOUT YOUR BUILDING

BUILDING INFORMATION – Complete this only if you desire insurance on the building through this plan	**Standard Limit**	**Amount of Coverage Desired**
43. Building – (Current cost to replace)		
A. Additional building on premises (garage, storage building)		
B. Inflation Guard (Must select **quarterly** increases up to 5% - Contact your agent)		☐ 0.3% ☐ 0.4% ☐ 0.5% ☐ 1% ☐ 1.5% ☐ 2% ☐ 2.5% ☐ 3% ☐ 3.5% ☐ 4% ☐ 4.5% ☐ 5%
44. Ordinance or Law (Building)	**$100,000**	

45. Would you like coverage for your Annual Rental Income? ..... ☐ Yes ☐ No

If "yes", Annual Rental Income: $_____

46. Have there been any changes in tenants or vacancy?..... ☐ Yes ☐ No

A. Please indicate tenants by type of business and/or operations conducted and square footage for each. If any vacancy, please **indicate % of vacancy.**

_____

Sq. Feet % of Vacancy

_____

Sq. Feet % of Vacancy

47. Please indicate the neighboring business types to your building:

Left _____ Distance _____ Right _____ Distance _____

Rear _____ Distance _____ Above _____

TELL US ABOUT YOUR ADDITIONAL INSURED REQUIREMENTS

48. Legal name of Building Owner:

_____

49. Name and address of Mortgagee:

_____

Name Street City State Zip

50. Other Additional Insured(s):

_____

Name Insurable Interest

_____

Street City State Zip

_____

Name Insurable Interest

_____

Street City State Zip

EARTHQUAKE & FLOOD (Coverage is not available in all states and/or zones)

51. Is additional earthquake insurance coverage desired? *A $50,000 limit is automatic in select zones*..... ☐ Yes ☐ No

If **"Yes"**, please check coverage desired:

☐ Contents/Blanket *****

☐ Contents/Blanket and Building ******

52. Is additional flood insurance coverage desired? *A $50,000 limit is automatic in select zones*..... ☐ Yes ☐ No

If **"Yes"**, please check coverage desired:

☐ Contents / Blanket *****

☐ Contents / Blanket and Building ******

***** Business Income coverage is mandatory

****** Business Income and Rental Income coverages are mandatory

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.

AGENCY INFORMATION

RETURN TO:

State Administrator Name:

Address:

City: State: Zip Code:

Phone #: Agent's License Number:

Send E-mail