

Deans & Homer
Insurance Managing Underwriters

Company: _____ Inception Date: _____ Expiration Date: _____

Insured (Name and Address)

Producer (Name and Address)

Type of Practice / Description _____

Years in business: _____

How long have you known the insured?: _____

How long have you written this insurance?: _____

Prior Carrier and Policy No.: _____

List Claims or losses for the last three years and, if known, prior to that: _____

Has any carrier cancelled, requested replacement or renewed during the last three years or, if known, at any time before? Yes ___ No ___
If yes, give reason: _____

Additional comments: _____

Location 1: _____	Location 2: _____
Loss Payee: _____	Loss Payee: _____
Interest: _____	Interest: _____

Deductible: \$ _____ (minimum \$500.)

The following coverages, and their corresponding minimum limits, are standard on the Medical & Dental Property Policy. Please review carefully and if an increase in minimum limits is required please show the total amount of coverage required in the space provided in the **Requested Limits** section below:

	Basic Limits	Requested Limits	
		Location 1	Location 2
<ul style="list-style-type: none"> • Business Personal Property at a named location: Please complete the Business Property Value Worksheet on the next page. 	XXXXXX	_____	_____
<ul style="list-style-type: none"> • Business Personal Property <i>not</i> at a named location: This limit may not be increased. 	\$25,000	_____ n/a _____	_____ n/a _____
<ul style="list-style-type: none"> • Business Records at each named location: Business Records are records created by the insured other than computer software, such as patient files. 	\$10,000	_____	_____
<ul style="list-style-type: none"> • Accounts Receivable at each named location: Highest amount for any month during the last 12 months? _____ 	\$1,000	_____	_____
<ul style="list-style-type: none"> • Money at each named location: This limit may not be increased. 	\$1,000	_____ \$1,000 _____	_____ \$1,000 _____
<ul style="list-style-type: none"> • Signs at each named location: 	\$1,000	_____	_____
<ul style="list-style-type: none"> • Gold at each named location: 	\$1,000	_____	_____
<ul style="list-style-type: none"> • Business Income at each named location: If increased limits are required for business income please provide gross revenue for each of the prior 3 years and the projected gross revenue for the next year. 	\$1,000	_____	_____
<ul style="list-style-type: none"> • Building/Building Glass at each named location: If increased limits are required please provide a copy of the lease. 	\$1,000	_____	_____
<ul style="list-style-type: none"> • Leasehold Interest at each named location: If increased limits are required please provide a copy of the lease. 	\$1,000	_____	_____
<ul style="list-style-type: none"> • Personal Effects of Others: This limit may not be increased. 	\$1,000	_____ \$1,000 _____	_____ \$1,000 _____
<ul style="list-style-type: none"> • Fraud - ERISA - Optional Coverage: Select limit in increments of 10,000. 	XXXXXX	_____	_____

