



TMK Risk Management Inc. dba

Kallman Insurance Agency

P. O. Box 266736 • Weston, FL 33326

Phone 954 .389 .5897 • Fax 954 .389 .6661

www.tmkrisk.com

Dental Professional Liability Questionnaire:

Name: _____

Address: _____

City: _____ Zip: _____ (Req'd)

Phone #: (H) _____ (C) _____ (O) _____

Fax #: _____ E-Mail: _____ Web Site: _____

Current Agent: _____ Current Carrier: _____

Expiration Date: _____ Premium: _____ Referred By: _____

Please list all locations in which you practice: _____

Please list the number of hours you spend at each location: _____

Type of dental practice: _____

Do you own any additional business property or buildings? _____

Do you work, maintain or operate a business other than a dental practice? _____

Do you keep contents for your business at any other location not listed? _____

Do you own any commercially titled vehicles? _____

Do your employees use their own cars on company business? _____

Please list all legal entities or additional insureds you want included: _____

List any specialty equipment, such as lasers, denta cam or panorex: _____

List any security systems, safes, or fire sprinkler systems: _____

List any building, operatory or purchased additional furniture and fixtures: _____

Are you responsible for insuring (per your lease agreement) for any glass, building, condo unit or business personal property of your landlord? _____

Please include all employed dentists, independent contractors or associates that might require coverage: _____

Do you rent or sublet any portion of your building to others? _____

Do you keep contents for your business at any other location not listed on your policy? If so, please describe: _____

World Class Service From Your Home Town Agency

