

Process Web Dental Application Details

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PROCESS WEB DENTAL APPLICATION DETAILS TUTORIAL



SOP#: _____ **Revision/Version:** 1.0
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Prepared By: Technical Writer Judy Thomas

Approved By: CEO Daniel O'Neal

Title: TUTORIAL: Process Web Dental Application Details

Policy: This tutorial serves as a standard operating procedure for processing dental application details for web indications.

Purpose: To provide insurance agents with step-by-step instructions so that they can process web dental application details.

Scope: This tutorial covers processing web dental application details.

Responsibilities: Insurance agents are responsible for the tasks contained in this tutorial.

Definitions:

Overview: This tutorial was created to help insurance agents process dental application details for web indications.

System Requirements

System Requirements

This tutorial assumes that the user:

1. Has access to the internet

Browsers and Operating Systems:

OnLine-PL is optimized to work on all of the following, prominent browsers:

- Internet Explorer 6 or greater
- Mozilla Firefox 15
- Google Chrome 22.1
- Safari 4

The Dental Application works best on all of the following operating systems:

- Windows XP or greater
- Mac OS X, 10.5 or greater

Overview

Overview

This document was developed to assist agents in processing dental application details for web indications.

This document contains one main section:

- [I. Process Application Details](#)

RELATED TUTORIALS:

- QUICK START: Generate Dental Indication Online
- TUTORIAL: Generate Dental Indication Online
- QUICK START: Process Web Dental Application Details
- QUICK START: Complete Dental Application Online
- TUTORIAL: Complete Dental Application Online
- QUICK START: Bind/Pay By Check | Issue Policy
- TUTORIAL: Bind/Pay By Check | Issue Policy
- QUICK START: Bind/Pay By Credit Card | Issue Policy
- TUTORIAL: Bind/Pay By Credit Card | Issue Policy
- QUICK START: Confirmation Email
- TUTORIAL: Confirmation Email

PART I--PROCESS APPLICATION DETAILS

PART I--PROCESS APPLICATION DETAILS

This section illustrates how to process web dental application details.

1. Process Application Details | Practice / Billing Information

Process Application Details | Practice / Billing Information

Quote Number 42969

Your Login is your E-Mail address
dentist@gmail.com

Please create a password
password

First Name: John
Last Name: Doe
Suffix:
Degree: D. D. S.
Date of Birth: 01/01/1980
mm/dd/yyyy

Practice Information

Address:
City: Deerfield Beach
Phone: (Contact Person) xxx-xxx-xxxx
Suite:
State: FL Zip: 33441
Fax: xxx-xxx-xxxx

Billing Information (Complete only if different from address above)

Address:
City: Deerfield Beach
Phone: xxx-xxx-xxxx
Suite:
State: FL Zip: 33441
Fax: xxx-xxx-xxxx

Questions marked in yellow are required.

Please write down your password.
Your Email address is your login – allowing you to return to this application anytime once you have created a password.

Previous Next

Save Quit

1. Type the applicant's password into the designated field.
2. Type the applicant's first name into the designated field.
3. Type the applicant's last name into the designated field.
4. Click to select the applicant's degree from the designated dropdown menu.
5. Type the applicant's birth date (MM/DD/YYYY) into the designated field.

2. Process Application Details | Practice Information

Process Application Details | Practice Information

The screenshot shows the 'Practice Information' section of an application form. The form is titled 'Quote Number 42469' and includes a navigation bar with 'About E-Professional', 'Insurance Programs', 'Loss Prevention', and 'Applications'. The 'Practice Information' section contains the following fields:

- Address: 361 E. Hillsboro Blvd
- City: Deerfield Beach
- Phone: (Contact Person) 333-333-3333
- Fax: 555-555-5555

Other fields include 'First Name' (John), 'Last Name' (Doe), 'Suffix', 'Degree' (D. D. S.), and 'Date of Birth' (01/01/1990). A 'Billing Information' section is also present, with fields for Address, City (Deerfield Beach), State (FL), and Zip (33441). A 'Please create a password' section is visible, with the password 'dental' entered. A yellow box on the right side of the form contains the text: 'Questions marked in yellow are required.' Below this box is a grey box with the text: 'Please write down your password. Your Email address is your login - allowing you to return to this application anytime once you have created a password.' At the bottom of the form are 'Save' and 'Quit' buttons.

1. Type the applicant's practice address into the designated field.
2. Type the applicant's practice city into the designated field.
3. Type the applicant's practice phone number (XXX-XXX-XXXX) into the designated field.
4. Type the applicant's practice fax number into the designated field, if applicable.

3. Process Application Details | Billing Information

Process Application Details | Billing Information

The screenshot shows the 'Billing Information' section of an application form. The form is titled 'Quote Number 42527' and includes a navigation bar with 'About E-Professional', 'Insurance Programs', 'Loss Prevention', and 'Applications'. The 'Billing Information' section is highlighted in yellow, indicating required fields. The form includes fields for 'Address', 'City', 'Phone', and 'Fax'. The 'Next' button is also highlighted in yellow. A sidebar on the right contains a yellow box with the text 'Questions marked in yellow are required.' and a grey box with the text 'Please write down your password. Your Email address is your login – allowing you to return to this application anytime once you have created a password.' The 'Next' button is also highlighted in the sidebar.

Quote Number 42527

Your Login is your E-Mail address
dental@gmail.com

Please create a password
dental

First Name: John
Last Name: Doe
Suffix:
Degree: D. D. S.
Date of Birth: 01/01/1990
mm/dd/yyyy

Practice Information

Address: 361 E. Hillsboro Blvd.
City: Deerfield Beach
Phone: 333-333-3333
(Contact Person) xxx-xxx-xxxx

Suite:
State: FL
Zip: 33441
Fax: 555-555-5555
xxx-xxx-xxxx

Billing Information (Complete only if different from address above)

Address: 362 E. Hillsboro Blvd.
City: Deerfield Beach
Phone: 333-333-3333
xxx-xxx-xxxx

Suite:
State: FL
Zip: 33441
Fax: 555-555-5555
xxx-xxx-xxxx

Save

Quit

Questions marked in yellow are required.

Please write down your password.
Your Email address is your login – allowing you to return to this application anytime once you have created a password.

Previous Next

NOTE: Only complete this section if the billing information differs from the practice information.

1. Type the applicant's address into the designated field.
2. Type the applicant's city into the designated field.
3. Type the applicant's phone number into the designated field.
4. Type the applicant's fax number into the designated field, if applicable.
5. Click on the **Next** button. The Process Application Details | Business Structure page displays.

4. Process Application Details | Business Structure Page

Process Application Details | Business Structure Page

Business structure of your practice (Check all that apply):

Employee Sole proprietor Partnership Prof. Association Other
 Ind. Contractor Incorporated LLP / LLC Prof. Corporation

National Provider ID#
XXXX

If Incorporated, provide the date of incorporation.
MM/DD/YYYY

Please provide the name of the Legal Entity and Primary Contact.

Legal Entity
Primary Contact

Are other dentists working under a written contract with you or your corporation to provide services?
 Yes No

If "Yes" please explain
Complete if answered "Yes" to the previous question.

Are you providing services under contract to another dentist?
 Yes No

If "Yes" please explain
Complete if answered "Yes" to the previous question.

Questions marked in yellow are required.

Remember to answer all questions.
This will greatly speed up the application process.

Previous Next

Save Quit

1. Click to select all business structure options that apply to the applicant.
2. Type the applicant's national provider ID number into the designated field, if applicable.
3. Type the date of incorporation into the designated field if selected incorporated for the practice business structure.
4. Type the applicant's legal entity name into the designated field.
5. Type the applicant's primary contact name into the designated field.
6. Click to select whether the applicant has other dentists working under a written contract with them or their corporation to provide services. **NOTE:** If responded "Yes," type an explanation into the designated field.
7. Click to select whether the applicant is providing services under contract to another dentist. **NOTE:** If responded "Yes," type an explanation into the designated field.
8. Click on the **Next** button. The Process Application Details | Affiliations Page 1 page displays.

5. Process Application Details | Affiliations Page 1

Process Application Details | Affiliations Page 1

Are you associated with another dentist? Yes No

If "Yes" please explain
Complete if responded "Yes" to the previous question.

Do you or your corporation employ other dentists? Yes No

If "Yes" please explain
Complete if responded "Yes" to the previous question.

If "Yes" to any of the above questions, how many dentists are in your practice? 2

Besides yourself, list the names of all dentists who are partners/corporate officers for all legal entities:

	Dentist Name	Social Security Number
1	Dentist Name	Dentist SSN XXX-XX-XXXX
2	Dentist Name	Dentist SSN XXX-XX-XXXX

Save Return

Questions marked in yellow are required.

Remember to answer all questions.
This will greatly speed up the application process.

1. Click to select whether the applicant is associated with another dentist. **NOTE:** If responded "Yes," type a detailed explanation into the designated field.
2. Click to select whether the applicant or their corporation employs other dentists. **NOTE:** If responded "Yes," type a detailed explanation into the designated field.
3. Type the number of dentists in the applicant's office into the designated field if responded "Yes" to either of the previous questions.
4. Type the additional dentist(s) names and social security number(s) into the designated fields. **NOTE:** Type an entry for every dentist that is a partner/corporate officer(s) for all legal entities.
5. Click on the **Next** button. The Process Application Details | Affiliations Page 2 page displays.

6. Process Application Details | Affiliations Page 2

Process Application Details | Affiliations Page 2

eProfessional
INSURANCE

About E-Professional | Insurance Programs | Loss Prevention | Applications

Are other non-employed dentists working with you or your corporation without a written contract? Yes No

If "Yes" please explain
Complete If Answered "Yes" to the Previous Question

How many dental units does your office have ?

Do you work for another dentist as an employee dentist? Yes No

If "Yes" please explain
Complete If Answered "Yes" to the Previous Question

Do you share, lease or own office space with another dentist(s)? Yes No

If "Yes", please provide the name of the employer/facility
Complete If Answered "Yes" to the Previous Question

Save

Questions marked in yellow are required.

Remember to answer all questions.
This will greatly speed up the application process.

Previous Next

Return

NOTE: Type an explanation into the designated fields for any "Yes" responses to the following questions.

1. Click to select whether the applicant has "other non-employed dentists" working with them or their corporation with or without a written contract.
2. Type the number of dental units within the applicant's office.
3. Click to select whether the applicant works for "another dentist as an employee dentist."
4. Click to select whether the applicant shares, leases or owns office space with another dentist.
5. Click on the **Next** button. The Process Application Details | Schooling / Certification page displays.

7. Process Application Details | Schooling / Certification

Process Application Details | Schooling / Certification

The screenshot shows a web application interface for entering schooling and certification details. The top navigation bar includes 'About E-Professional', 'Insurance Programs', 'Loss Prevention', and 'Applications'. The main form area contains the following elements:

- Dental School Graduated:** A text input field containing 'Dental School'.
- Degree:** A dropdown menu set to 'D. D. S.'.
- Grad Date:** A date input field set to '1/1/1980'.
- Are you certified by an approved specialty board?:** Radio buttons for 'Yes' (selected) and 'No'.
- If yes, please enter the date certified (MM/DD/YYYY):** A date input field containing 'MM/DD/YYYY'.
- If yes, indicate "Board Certified", "Board Eligible" or practice limited to:** A text area containing 'Complete if answered "Yes" to the previous question'.

On the right side, a sidebar contains a yellow box with the text 'Questions marked in yellow are required.' and a grey box with the text 'Remember to answer all questions. This will greatly speed up the application process.' At the bottom of the sidebar are 'Previous' and 'Next' buttons.

1. Type the dental school the applicant graduated from into the designated field.
2. Click to select whether the applicant is "certified by an approved specialty board."

If responded "Yes" to the previous question, answer the following questions:

3. Type the date (MM/DD/YYYY) the applicant was certified by an approved specialty board into the designated field.
4. Type whether the applicant is "Board Certified," "Board Eligible," or their practice limitations into the designated field.
5. Click on the **Next** button. The Process Application Details | Licensing page displays.

8. Process Application Details | Licensing Page

Process Application Details | Licensing Page

The screenshot shows the 'Licensing Page' of the E-Professional Insurance application process. The page has a navigation bar with four tabs: 'About E-Professional', 'Insurance Programs', 'Loss Prevention', and 'Applications'. The main form area contains several sections with input fields and dropdown menus. A yellow box on the right side of the form contains the text: 'Questions marked in yellow are required. Remember to answer all questions. This will greatly speed up the application process.' The 'Next' button is circled in red, indicating it is the next step in the process.

Adults	Children
50	50

State	License Number	Status
FL	XXXXX	Active
DE	XXXXX	Active

Limits	Annual Premium
\$1,000,000/\$3,000,000	\$2,000

1. Type the applicant's patient mix by percentage into the designated fields. **NOTE:** The total entered into the Adults and Children fields must equal 100.
2. Click to select whether the applicant has a physician or surgeon in their practice.
3. Type the applicant's state and license numbers into the designated fields, and click to select the related status, if applicable.
4. Type the applicant's narcotics/DEA number into the designated field.
5. Type the applicant's anesthesia permit number into the designated field.
6. Type the applicant's National Provider ID number or FEIN into the designated field.
7. Type the last four digits of the applicant's social security number into the designated field.
8. Type the applicant's current insurer name into the designated field.
9. Click to select the applicant's current limits from the dropdown menu.
10. Type the applicant's current annual premium into the designated field.
11. Click to select whether the applicant has ever had a lapse in insurance coverage. **NOTE:** If responded "Yes," type an explanation in the designated field.
12. Click on the **Next** button. The Process Application Details | Procedures page displays.

9. Process Application Details | Procedures Page

Process Application Details | Procedures Page

Does your practice include any of the following procedures?
Sargenti , RVC-2B , or N2 Yes No
If Yes, please explain
Complete if answered "Yes" to the previous question.

Botox injections (other than treating facial spasms, TMJ pain dysfunction and muscular pain)
If Yes, please explain
Complete if answered "Yes" to the previous question.

Laser (Excluding curing composites and whitening)
If "Yes" please describe the type of laser used and the procedures that are performed.
Complete if answered "Yes" to the previous question.

Radiation therapy
If Yes, please explain
Complete if answered "Yes" to the previous question.

How many complex cases do you perform each year in which the fees total more than \$20,000?
If you perform complex cases, please explain type.
0
Complete if answered "Yes" to the previous question.

Questions marked in yellow are required.

Remember to answer all questions.
This will greatly speed up the application process.

Previous Next

Return

Save

NOTE: Type an explanation into the designated fields for any "Yes" responses to the following questions.

1. Click to select whether the applicant's practice handles Sargenti, RVC-2B or N2 procedures.
2. Click to select whether the applicant's practice handles botox injections (other than treating facial spasms, TMJ pain dysfunction and muscular pain).
3. Click to select whether the applicant's practice handles laser, other than curing composites and whitening.
4. Click to select whether the applicant's practice handles radiation therapy.
5. Type how many complex cases the applicant performs each year with fees totaling more than \$20,000.
NOTE: If the applicant responded that they perform complex cases, type a detailed explanation into the designated field.
6. Click on the **Next** button. The Process Application Details | Anesthetics/Analgesia page displays.

10. Process Application Details | Anesthetics/Analgesia

Process Application Details | Anesthetics/Analgesia

Please describe your use of anesthetics and types of analgesia in your practice as indicated below. For purposes of this application, the use of nitrous oxide solely as an analgesic is not considered conscious sedation.

Do you use conscious sedation? Yes No

Is oral conscious sedation used? Yes No

Is IV, IM or sub-cutaneous conscious sedation used? Yes No

If yes to the above questions, are you administering the sedation and performing the dental procedure? Yes No

Are you treating patients who are under general anesthesia/deep sedation? Yes No

If yes, are you administering the anesthesia and performing the dental procedure? Yes No

If you answered "Yes" to any of the above, are the procedures performed in a dental office? Yes No

If you answered "Yes," to any of the above, please indicate below the type of agents used for each "Yes" answer, the frequency of use per week (ex: O2O) and by whom (yourself, MD Anesthetist, RN Anesthetist or other) the anesthesia is administered.

AGENT	FREQUENCY	ADMINISTERED BY
Complete If Answered "Yes" To Previous Questions	Complete If Applicable	Self

Save Return

Questions marked in yellow are required.

Remember to answer all questions. This will greatly speed up the application process.

Previous Next

1. Click to select whether the applicant uses conscious sedation.
2. Click to select whether the applicant uses oral conscious sedation.
3. Click to select whether the applicant uses IV, IM or sub-cutaneous sedation. **NOTE:** If responded "Yes," click to select whether the applicant administers the sedation and performs the dental procedure.
4. Click to select whether the applicant treats patients under general anesthesia or deep sedation. **NOTE:** If responded "Yes," click to select whether the applicant administers the anesthesia and performs the dental procedure.

If responded "Yes" to any of the questions above, answer the following:

5. Click to select whether the procedures are performed in a dental office.
6. Type the kind of agent, how often they are used every week, and click to select who administers the anesthesia.
7. Click on the **Next** button. The Process Application Details | Other Exposure Information page displays.

11. Process Application Details | Other Exposure Information

Process Application Details | Other Exposure Information

OTHER EXPOSURE INFORMATION

Do you own or operate a dental laboratory? Yes No
If Yes, please estimate percentage of work applicable to your own patients If Applicable

Do you own or operate any other business enterprise, either in conjunction with your practice or not? (e.g. spa services, consulting services, etc.) Please describe below. Yes No
If Yes, please explain
Complete if Answered "Yes: to the Previous Questions"

If you have signed any contractual agreements where you have agreed to provide services to others, Please identify parties to the contract and describe services:
Complete if Applicable.

Have you agreed to hold any other party harmless for services you perform? Yes No

Please identify any additional insureds requested to be named on the policy applied for:

LESSOR OF LEASED PREMISES	LESSOR OF LEASED EQUIPMENT	OWNER OF PREDECESSOR PRACTICE
Complete If Applicable	Complete If Applicable	Complete If Applicable

OTHER, PLEASE EXPLAIN Complete If Applicable

Save Return

Questions marked in yellow are required.

Remember to answer all questions. This will greatly speed up the application process.

Previous Next

1. Click to select whether the applicant owns or operates a dental laboratory. **NOTE:** If responded "Yes," type an estimated percentage of work applicable to the applicant's patients.
2. Click to select whether the applicant owns or operates any other business enterprise, either in conjunction with the practice or not. **NOTE:** If responded "Yes," type a detailed explanation into the designated field.
3. For any signed, contractual agreements, type a description of services and identify parties in the designated field.
4. Click to select whether the applicant has agreed to hold any other party harmless for services performed.
5. Type a line entry into the designated fields to identify any additional insureds requesting to be named on the policy, if applicable.
6. Type an additional explanation into the designated field, if applicable.
7. Click on the **Next** button. The Process Application Details | Consent page displays.

12. Process Application Details | Consent

Process Application Details | Consent

The screenshot shows a web-based application form for 'eProfessional Insurance'. The form is titled 'Process Application Details | Consent' and is part of a larger application process. The form contains several questions with radio button and text input options. Red circles highlight the following elements: the number '20' in the first question's input field; the 'Yes' radio button for the second question; the 'Written' radio button for the third question; the 'No' radio button for the fourth question; the 'No' radio button for the fifth question; the 'Every visit' radio button for the sixth question; the text input field for the seventh question; and the 'Next' button at the bottom right. A yellow box on the right side of the form contains the text: 'All the questions on this page are required.' Below this, a grey box contains the text: 'Remember to answer all questions. This will greatly speed up the application process.' The 'Next' button is circled in red. The 'Save' button is at the bottom left and the 'Return' button is at the bottom right.

1. Type how many patients the applicant examines or treats each working day into the designated field.
2. Click to select whether the applicant obtains informed consent prior to each procedure.
3. Click to select the applicant's type of informed consent. **NOTE:** Click to select oral and written if both apply.
4. Click to select whether informed, written consent is witnessed. **NOTE:** Select "No" if the applicant does not use written, informed consent.
5. Click to select whether informed, oral consent is "chart noted, date and initialed by patient." **NOTE:** Select "No" if the applicant does not use oral, informed consent.
6. Click to select whether the applicant obtains a dental/medical history on all patients.
7. Click to select how often the applicant updates patient dental/medical history. **NOTE:** If selected "Occasionally," type an explanation of the applicant's procedure into the designated field.
8. Click on the **Next** button. The Process Application Details | Claims and Experience Information page displays.

13. Process Application Details | Claims & Experience Info

Process Application Details | Claims & Experience Info

CLAIMS AND EXPERIENCE INFORMATION

Has any claim or suit for alleged malpractice ever been brought against you? Yes No

Do you know of any facts, circumstances, injuries, damages, acts, errors or omissions which may result in a malpractice claim against you, other dentists employed by you or your auxiliary staff? Yes No

After polling all employees, are you aware of any occurrences which can reasonably be expected to result in a claim being made against the Applicant? Yes No

If "Yes" to any of the above questions, have these been reported to a professional liability insurer? Yes No

Have you ever utilized Peer Review in an attempt to settle a patient dispute? Yes No

Have you ever had any restriction, suspension, probation or revocation of a license to practice dentistry? Yes No

If "Yes", please explain:

Have you ever had any restriction, suspension, probation or revocation of a license to administer or prescribe drugs? Yes No

If "Yes", please explain:

Save

Questions marked in yellow are required.

Remember to answer all questions. This will greatly speed up the application process.

Previous Next

Return

1. Click to select whether a claim or suit for alleged malpractice has ever been brought against the applicant.
2. Click to select whether the applicant knows of any facts, circumstances, injuries, damages, acts, errors or omissions which may result in a malpractice claim them, dentists employed by them or their auxiliary staff.
3. Click to select whether the applicant is aware of any occurrences which can be reasonably expected to result in a claim being made against the applicant.
4. If responded "Yes" to any of the questions above, click to select whether the circumstances described have been reported to a professional liability insurer.
5. Click to select whether the applicant has ever utilized peer review in an attempt to settle a patient dispute.
6. Click to select whether the applicant has ever had any restriction, suspension, probation or revocation of a license to practice dentistry. **NOTE:** If responded "Yes," type an explanation into the designated field.
7. Click to select whether the applicant has ever had any restriction, suspension, probation or revocation of a license to administer or prescribe drugs. **NOTE:** If responded "Yes," type an explanation into the designated field.
8. Click on the **Next** button. The Process Application Details | Claims and Experience Information Page 2 page displays.

14. Process Application Details | Claims & Experience Info 2

Process Application Details | Claims & Experience Info 2

The screenshot shows the 'CLAIMS AND EXPERIENCE INFORMATION (continued)' section of an online application. It features two questions with radio button options for 'Yes' and 'No'. The first question asks about hospital or health care facility restrictions, and the second asks about personal health problems. Both questions include a text area for explanations if 'Yes' is selected. A yellow callout box on the right states 'Questions marked in yellow are required.' and 'Remember to answer all questions. This will greatly speed up the application process.' Navigation buttons for 'Previous', 'Next', and 'Return' are visible at the bottom, with the 'Next' button highlighted in red. A 'Save' button is located at the bottom left of the form area.

1. Click to select whether the applicant has ever had any restriction, suspension, probation or revocation of privileges in any hospital or other health care facility. **NOTE:** If responded "Yes," type an explanation into the designated field.
2. Click to select whether the applicant has ever had any personal health problems, including alcoholism, drug addiction, mental illness or communicable disease. **NOTE:** If responded "Yes," type an explanation into the designated field.
3. Click on the **Next** button. The Process Application Details | Claims and Experience Information Page 3 page displays.

15. Process Application Details | Claims & Experience Info 3

Process Application Details | Claims & Experience Info 3

The screenshot shows the 'CLAIMS AND EXPERIENCE INFORMATION (continued)' section of an application form. It features three questions, each with a radio button for 'Yes' or 'No' and a text area for explanation. The 'Yes' radio buttons and the instruction 'Complete if responded "Yes" to the previous question.' are circled in red. A yellow callout box on the right states 'Questions marked in yellow are required.' and 'Remember to answer all questions. This will greatly speed up the application process.' At the bottom, there are 'Previous', 'Next', and 'Return' buttons, with the 'Next' button also circled in red. The eProfessional Insurance logo and navigation tabs are visible at the top.

CLAIMS AND EXPERIENCE INFORMATION (continued)

Have you ever had complaints filed against you involving the administration of Medicare/Medicaid or patient insurance? Yes No
If "Yes", please explain
Complete if responded "Yes" to the previous question.

Have you been convicted of any criminal charges (excluding traffic violations)? Yes No
If "Yes", please explain
Complete if responded "Yes" to the previous question.

Have you ever been declined or cancelled for any Dental Professional Liability Insurance? (Missouri residents: Do not answer) Yes No
If "Yes", please explain
Complete if responded "Yes" to the previous question.

Save Return

Questions marked in yellow are required.
Remember to answer all questions.
This will greatly speed up the application process.

Previous Next

1. Click to select whether the applicant has ever had any complaints involving the administration of Medicare/Medicaid or patient insurance filed against them. **NOTE:** If responded "Yes," type an explanation into the designated field.
2. Click to select whether the applicant has ever been convicted of any criminal charges. **NOTE:** If selected "Yes," type an explanation into the designated field.
3. Click to select whether the applicant has ever had their dental professional liability insurance declined or canceled. **NOTE:** If responded "Yes," type a detailed explanation in the designated field.
4. Click on the **Next** button. The Process Application Details | Additional Insured's Coverage page displays.

16. Process Application Details | Additional Insured's Coverage

Process Application Details | Additional Insured's Coverage

The screenshot displays the 'Additional Insured's Coverage' section of the eProfessional Insurance website. The page features a navigation bar with 'About E-Professional', 'Insurance Programs', 'Loss Prevention', and 'Applications'. The main content area is divided into 'Available Endorsements & Coverage's' and 'Attached Endorsements'. The 'Additional Insured's Coverage' section has a form with fields for Name, Type, Address, City, State, and Zip, and an 'Add' button. The 'Attached Endorsements' section lists several endorsements, including 'Defense of State Regulatory Investigations Amendatory Endorsement' and 'Coverage I., Dentist's Professional Liability - Anesthesia Endorsement 159093 01 99'. The 'Policy Endorsements' section shows 'Attached policy endorsements' and 'No action required.' with 'Previous' and 'Next' buttons.

NOTE: This page only applies if additional insureds require coverage.

1. Type the additional insured's name into the designated field.
2. Click to select the insured type from the dropdown menu.
3. Type the additional insured's address into the designated field.
4. Type the additional insured's city into the designated field.
5. Click to select the additional insured's two-letter state code from dropdown menu.
6. Type the additional insured's 5-digit zip code into the designated field.
7. Click on the **Add** button.
8. Repeat steps 1-7 until all additional insured's have been entered.
9. Click on the **Next** button. The Process Application Details | Professional Liability Quote Indication page displays.

17. Process Application Details | Prof. Liability Quote Indication

Process Application Details | Prof. Liability Quote Indication

eProfessional INSURANCE

[About E-Professional](#) |
 [Insurance Programs](#) |
 [Loss Prevention](#) |
 [Applications](#)

Professional Liability (PL) Quote Indication

General Dentist

<u>Limits</u>	\$1,000,000/\$3,000,000
<u>Policy Type</u>	Claims Made
<u>Effective Date</u>	04/01/2014
<u>Expiration Date</u>	04/01/2015
<u>Retroactive Date</u>	01/01/2009
<u>Entity Coverage</u>	
<u>Applied Deductible</u>	\$5,000 Deductible
<u>Deductible Savings</u>	
<u>Base Premium</u>	\$4,484.83
<u>Taxes & Fees</u>	\$27.83
<u>Total Savings</u>	\$1,704.00

General Liability (GL) Quote Indication

<u>General Liability</u>	Policy Type	Limits
a. Premises, Products/Completed Operations Coverage	Occurrence	\$1,000,000
b. Medical Payments		\$10,000
c. Personal & Advertising		\$1,000,000
Nonowned & Hired Auto Liability	Occurrence	\$1,000,000
Employee Benefits Administration Liability	Occurrence	\$1,000,000
Employment Liability	Claims Made	\$5,000/\$5,000
Medical Waste Legal Reimbursement	Claims Made	\$50,000/\$50,000

Include GL Premium* Yes No

Print Rate Indication

You can print this rate indication by clicking the above tab.

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Total Annual Premium for your Professional Liability Policy WITHOUT the Optional General Liability is

Save *Excludes taxes Return

1. Review the indications.

This concludes the Process Application Details portion of this tutorial.

Revision History

Revision History:

Revision:	Date:	Requested By:	Description of Changes:	Signature: