

## Easy Steps to Complete the Quick Quote Form

*Form works best on desktop/laptop, not a mobile device or tablet*

1 After downloading the form, open the PDF via the File Explorer on your desktop and **NOT** in a web browser.

- » Open the File Explorer folder
- » Go to the Downloads folder
- » Open the Quick Quote Form

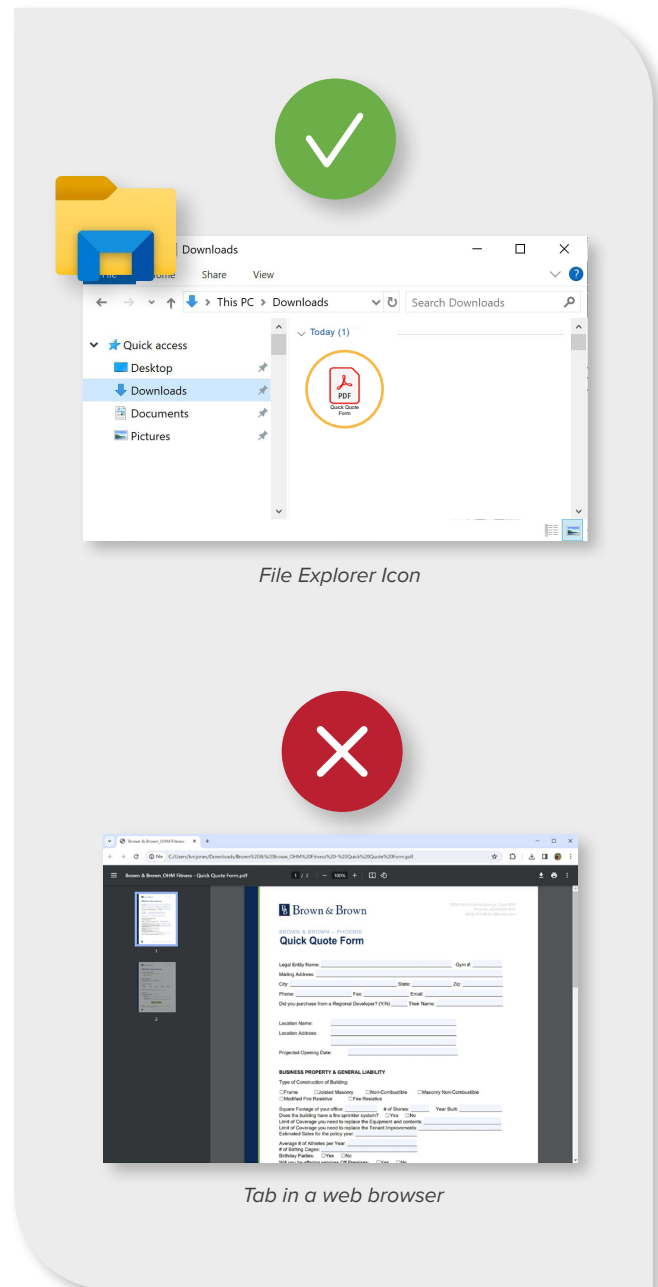
2 Complete the form and click the **SUBMIT** button at the end of the document.

- » This generates an email to be sent to the Brown & Brown team with your completed form attached.

3 A Brown & Brown Teammate will follow-up upon reviewing your email with the completed Quick Quote form.

### Questions?

Please contact your Brown & Brown representative or email [083.franchisesolutions@bbrown.com](mailto:083.franchisesolutions@bbrown.com).



File Explorer Icon

Tab in a web browser

## Dental Program – Quick Quote Form

Client Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Legal Entities: \_\_\_\_\_

### BASIC INFORMATION

Years in Practice: \_\_\_\_\_

How many hours per week do you practice? \_\_\_\_\_

Are you a member of the Arizona Dental Association?  Yes  No

Specialty: \_\_\_\_\_

Do you treat patients under deep sedation or general anesthesia?  Yes  NoAre you an oral surgeon?  Yes  No

### PROCEDURES

Phase II TMJ Therapy (such as bridgework, surgery, orthodontics, undertaken to treat a TMJ disorder)  
 Yes  NoImplant placement/uncovering/removal surgery  Yes  NoPartially impacted 3<sup>rd</sup> molar extractions  Yes  NoMini Implants  Yes  NoMolar endodontics on permanent teeth  Yes  No

### INSURANCE BACKGROUND

Have you had any professional liability claims or board complaints?  Yes  No

Current coverage limits: \_\_\_\_\_

Current insurance carrier: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of coverage you currently carry:  Occurrence  Claims Made*\*If Claims Made, please list prior acts date: \_\_\_\_/\_\_\_\_/\_\_\_\_*

## Dental Program – Quick Quote Form

### PROPERTY & BUILDING

Square Footage: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Sprinkler, Burglar or Fire Alarms: \_\_\_\_\_ Year Built: \_\_\_\_\_

Business Property limit: \_\_\_\_\_ Annual Revenues: \_\_\_\_\_  
(*operatory equipment, supplies, x-rays, patient charts, etc.*)

Building limit or Tenant Improvements &amp; Betterments: \_\_\_\_\_

Deductible: \$500 \$1,000 \$2,500 \$5,000 Other: \_\_\_\_\_

Type of Premises Ownership:

- Condo Unit
- Leasing
- Building Owner

*\*If yes to Building Owner, please list your tenants:*

### WORKERS' COMPENSATION COVERAGE

FEIN #: \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_ Number of Part Time Employees: \_\_\_\_\_

**SUBMIT**

*This is not an application and coverage cannot be bound by completing this form. The purpose of this document is to gather the necessary information to provide you with a quote.*