DENTAL OFFICE BUSINESS SUPPLEMENTAL

Covers general and specialty dental practices, including pediatric, oral surgery, orthodontics, periodontics, and endodontics. Complete with ACORD 125 and 126.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME | DBA | FEIN | YEARS IN BUSINESS

BUSINESS ADDRESS | CITY / STATE / ZIP | WEBSITE

Entity type:

☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE | PHONE | EMAIL

DENTAL LICENSE NO(S). / STATES | SEDATION / ANESTHESIA PERMIT LEVEL

2 OPERATIONS

DENTISTS | HYGIENISTS / ASSISTANTS | OPERATORIES | PEDIATRIC PATIENTS (%)

Services (check all that apply):

☐ General dentistry ☐ Pediatric dentistry ☐ Oral surgery / extractions ☐ Implants ☐ Orthodontics / aligners ☐ Endodontics

☐ Cosmetic / veneers ☐ Botox or dermal fillers

2-1 Is moderate sedation, deep sedation, or general anesthesia provided in the office? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Is sedation provided to children? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the practice provide Botox or dermal fillers? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SEDATION & INFECTION CONTROL

The most severe dental claims involve office sedation and anesthesia, especially for children — deaths led states such as California to tighten pediatric rules. Sterilization and waterline failures are the other severe exposure, because one lapse can infect many patients.

3-1 If yes to 2-1, does every provider hold the state sedation or anesthesia permit for the level provided? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 If yes to 2-1, is a separate trained person dedicated to monitoring the patient, with capnography and pulse oximetry? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 If yes to 2-1, are emergency drugs, oxygen, and airway equipment checked on a schedule? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 If yes to 2-1, are sedation emergency drills held regularly? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 If yes to 2-2, are pediatric sedation cases screened and staffed per current pediatric guidelines? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are sterilizers monitored with weekly spore tests and logs? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Are dental unit waterlines treated per the manufacturer's instructions? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Are waterlines tested regularly to confirm they meet drinking-water standards? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Has the practice had a sedation, infection, or procedure-related claim in the last 10 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — PROCEDURES, AESTHETICS, CREDENTIALING & DATA

4-1 Is informed consent documented for extractions, implants, and endodontics? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 If yes to 2-3, are Botox and fillers within the dental scope of practice in the state? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 If yes to 2-3, is training for each injecting provider documented? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are controlled substances prescribed only after checking the state monitoring program? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are licenses and certifications verified with the issuing board at hire and at each renewal? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Is every employee and contractor screened against the OIG exclusion list at hire and monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are criminal background checks completed before staff have patient contact? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Has a HIPAA security risk analysis been completed and updated within the last 12 months? ☐ Yes ☐ No
IF YES, EXPLAIN

4-9 Is multi-factor authentication required for email, remote access, and the EHR? ☐ Yes ☐ No
IF YES, EXPLAIN

4-10 Is patient data encrypted on laptops, mobile devices, and in transmission? ☐ Yes ☐ No
IF YES, EXPLAIN

4-11 Are backups kept offline or immutable, with restoration tested? ☐ Yes ☐ No
IF YES, EXPLAIN

4-12 Are website tracking tools (pixels, analytics) reviewed so patient information isn't shared with vendors? ☐ Yes ☐ No
IF YES, EXPLAIN

5 REVENUE

ANNUAL GROSS REVENUE ($)	TOTAL PAYROLL ($)	SEDATION CASES PER YEAR

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

DENTAL PROFESSIONAL LIABILITY / LIMITS	BOP / PROPERTY CARRIER	CYBER COVERAGE (Y / N)

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No

IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Are radiograph units registered and inspected as state law requires? ☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are needlestick and exposure incidents reported and followed up under OSHA's bloodborne pathogens rule? ☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE