JEWELL PROFESSIONAL INSURANCE

P.O. Box 271854 | West Hartford, CT 06107-2306
TEL 860.232.5800 | FAX 860.232.5801

DENTAL HYGIENISTS AND DENTAL ASSISTANTS

NAME _____

HOME ADDRESS _____

CITY/TOWN_____STATE _____ ZIP CODE _____

TELEPHONE _____ EMAIL_____

DATE OF BIRTH_____ SOCIAL SECURITY NO. _____

☐ DENTAL HYGIENIST ☐ DENTAL ASSISTANT
☐ EMPLOYED ☐ SELF-EMPLOYED

DESIRED EFFECTIVE DATE _____

CT DR. LIC# _____

GRADUATION YEAR _____

SCHOOL ATTENDED _____

EMPLOYER _____

COVERAGE SELECTION:	☐ $2,000,000 per incident / $4,000,000 aggregate	☐ $1,000,000 per incident / $3,000,000 aggregate
HYGIENIST	☐ $77.00	☐ $66.00
ASSISTANT	☐ $77.00	☐ $66.00

Are you a member of any professional association(s)? _____

Have you had Professional Liability Insurance before? ☐ Yes ☐ No If yes, carrier name_____

Have you ever been cancelled, non-renewed or declined insurance? _____

Have you ever had a claim? _____

Are you currently aware of any facts or circumstances that you reasonably believe may lead to a suit/claim?
☐ Yes ☐ No

METHOD OF ANNUAL PAYMENT: ☐ MC ☐ VISA

NAME ON CARD: _____ BILLING ADDRESS: _____

CARD NO. _____ EXP. DATE ____ /____ 3 DIG. SECURITY CODE #_____ DATE _____

TEL. NO. ASSOCIATED WITH CARD: _____ SIGNATURE IN FULL: _____