Endorsed by American Association of Orthodontists®

Insurance

Business Insurance Application

AAO Endorsed Insurance Program • Administered by Lockton Affinity, LLC

INSTRUCTIONS TO APPLICANT

1. Please complete all applicable sections of this application and answer all questions fully and accurately. Type or print clearly.
2. Coverage selections determine which sections require completion. Complete only those sections that apply to the coverages requested and leave all other sections blank.
3. If requesting coverage for multiple locations, complete the Additional Location Supplement for each additional location.
4. Submission of this application does not bind coverage or obligate the insurer to provide coverage.
5. The Acknowledgment section must be completed, signed, and dated by an authorized representative for this application to be considered complete, regardless of the coverages selected.

1 General Information

Business identity

Legal entity / business name

DBA / practice name, if different

Federal Employer ID Number (FEIN)

Mailing address | City | State | Zipcode

Primary physical address, if different | City | State | Zipcode

Primary contact name | Phone | Email

1. Does the business have more than one business location? ◯ Yes ◯ No

If Yes, complete the Additional Business Location supplemental at the end of this application for each additional location.

Business type

2. Select the business entity type:

◯ Sole proprietor ◯ LLC ◯ Corporation ◯ Joint Venture ◯ Other

If Other, specify

2 Coverages Requested

Coverage elections

3. Indicate the coverage(s) to quote: *Select all that apply.*

- ◯ Business Owner's Policy
- ◯ Employment Practices Liability
- ◯ Workers Compensation
- ◯ Umbrella Liability

Complete only the sections applicable to the coverage options selected. Some sections may not apply based on your selections and may be left blank.

Supplemental applications

4. Indicate supplemental applications to receive: *Select all that apply.*

- ◯ Professional Liability / Malpractice
- ◯ Commercial Auto
- ◯ Disability Insurance
- ◯ Cyber Liability
- ◯ Business Overhead Expense
- ◯ Life Insurance

3 Coverage Detail: Business Owner's Policy

Policy election

5. Desired policy effective date:

Business profile

6. Year business started:

7. Estimated annual revenue:

8. Total number of employees:

9. Practice personnel — number of individuals in each category:

Category	Number
Full time	
Part time	
Temporary	

Category	Number
Leased	
Independent contractors	

Additional interests

10. Are there additional businesses that need to be included as Additional Named Insureds on this application for coverage? ◯ Yes ◯ No

If Yes, provide name, address & business description

11. Are there additional businesses that need to be included as Additional Insureds on this application for coverage? *If No, skip to question 13.* ◯ Yes ◯ No

If Yes, provide name, address, relationship to business & requested policy designation for additional insured(s) (e.g. Additional Insured, Loss Payee, Lender Loss Payee, Mortgagee, etc.)

12. Do the additional insured(s) require a certificate of insurance? ◯ Yes ◯ No

Building details

13. Select building occupancy status:

◯ Owner ◯ Tenant (Leased)

14. Is this an owned condominium? ◯ Yes ◯ No ◯ N/A

15. Does the business lease space to others? ◯ Yes ◯ No ◯ N/A

If Yes, list tenant(s) and the square feet occupied

16. Total square feet of building:

17. Total square feet business occupies:

18. Year building was constructed:

Values, limits and deductibles

19. If owned, building limit or value to be insured:

20. Business personal property value or limit to be insured:

21. Tenant improvements and betterments value or limit to be insured:

22. Property deductible requested:

◯ $500 ◯ $1,000 ◯ $2,500 ◯ $5,000 ◯ $10,000

Construction and protection

23. Building construction type:

◯ Frame ◯ Noncombustible ◯ Joisted masonry
◯ Masonry noncombustible ◯ Fire protective ◯ Other / Unknown

If Other or unknown, describe building materials

24. Building safeguards: *Select all that apply.*

◯ Sprinkler system ◯ Central station fire alarm ◯ Central station burglar alarm
◯ Local alarm ◯ Surveillance / security cameras ◯ Safe / vault

Condition and updates

25. Is the building over 20 years old? ◯ Yes ◯ No

If Yes, indicate approximate year of the most recent updates.

Electrical	Plumbing	Air conditioning	Heating	Roof

Coverage history

26. Has any policy coverage been declined, cancelled, or non-renewed within the past five (5) years? ◯ Yes ◯ No

Loss history

27. Has the business had any property losses in the last three (3) years? ◯ Yes ◯ No

If Yes, provide loss detail or attach loss run detail to the application.

Insurance company / product	Policy year	Premium amount	Number of losses	Total loss amount	Status of claim (Open / Closed)

4 Coverage Detail: General Liability & Umbrella

Policy election

28. Desired policy effective date:

Limits requested

29. Total General Liability limits requested: *(each occurrence / aggregate)*

◯ $1,000,000 / $2,000,000 ◯ $2,000,000 / $4,000,000 ◯ Other

If Other, specify

30. Total Umbrella limits requested:

◯ $1,000,000 ◯ $2,000,000 ◯ $3,000,000
◯ $4,000,000 ◯ $5,000,000 ◯ None

Liability exposures

31. Are there owned automobiles titled in the name of the business? ◯ Yes ◯ No

32. Does the business administer an employee benefits plan? ◯ Yes ◯ No

If Yes, employee benefits retroactive date

33. Does the business administer an employee 401(k)? *If No, skip to question 35.* ◯ Yes ◯ No

34. Does the business require an ERISA bond? ◯ Yes ◯ No

If Yes, indicate current 401(k) fund amount and plan sponsor

Loss history

35. Has the business had any General Liability losses in the last three (3) years? ◯ Yes ◯ No

If Yes, provide loss detail or attach loss run detail to the application.

Insurance company / product	Policy year	Premium amount	Number of losses	Total loss amount	Status of claim (Open / Closed)

5 Coverage Detail: Workers' Compensation

Policy election

36. Desired policy effective date:

Rating basis

37. Do you know the Workers' Compensation experience modification factor? ◯ Yes ◯ No

If Yes, Workers' Compensation experience modification factor

38. List the state, duties, and total annual payroll for each class of employee:

State	Duties (clerical, doctor, etc.)	Total annual payroll

Limits and elections

39. Total Employer's Liability limits requested: *(each accident / disease policy limit / disease each employee)*

- ◯ $100,000 / $500,000 / $100,000
- ◯ $500,000 / $500,000 / $500,000
- ◯ $1,000,000 / $1,000,000 / $1,000,000

40. Select any individuals you elect to exclude from Workers' Compensation coverage: *Eligibility for exclusion varies by state.*

◯ Officers ◯ Partners ◯ Sole proprietor ◯ Members / Managers

41. List all officers, partners, sole proprietors and/or members/managers to be included or excluded:

Name	Title	Ownership %	Include / Exclude

Workforce practices

42. Does the business conduct background checks for each employee? ○ Yes ○ No

43. Does the business lease employees to or from other companies, or share labor with any other business? ○ Yes ○ No

44. Does the business use any contract labor? ○ Yes ○ No

Workplace safety

45. Indicate the workplace safety features in place: *Select all that apply.*

- ○ Eye rinsing station
- ○ Eye protection
- ○ Needlestick prevention program
- ○ None of the above

Loss history

46. Has the business had any Workers' Compensation losses in the last three (3) years? ○ Yes ○ No

If Yes, provide loss detail or attach loss run detail to the application.

Insurance company / product	Policy year	Premium amount	Number of losses	Total loss amount	Status of claim (Open / Closed)

6 Coverage Detail: Employment Practices Liability

Policy election

47. Desired policy effective date:

Current coverage

48. Does the business currently have an active Employment Practices Liability Insurance policy? ○ Yes ○ No

If Yes, current limit / retroactive date

49. Has the business purchased an extended reporting period ("tail") endorsement? ○ Yes ○ No

50. Has the business maintained or purchased continuous Employment Practices Liability Insurance coverage from the requested retroactive date until the present? ○ Yes ○ No

Limits requested

51. Total Employment Practices Liability limits requested:

◯ $250,000 ◯ $500,000 ◯ $1,000,000

Workforce risk profile

52. Has the business had a workforce reduction of greater than 25% within the past two (2) years? ◯ Yes ◯ No

53. Does the business anticipate a workforce reduction of greater than 25% in the next year? ◯ Yes ◯ No

54. Do more than 25% of employees earn annual salaries of $100,000 or more? ◯ Yes ◯ No

55. How many employment-related claims, administrative proceedings, EEOC action letters, and/or attorney letters has the business experienced in the past three (3) years?

Employment practices

56. Select all written employment-related policies in place and easily accessible for all employees:

◯ Written employment application
◯ Employment at-will statement
◯ Employee handbook or HR policies / procedures
◯ None of the above

57. Select all that apply to the business operations:

◯ Written claim / incident reporting and tracking procedure
◯ Regular written performance evaluations
◯ Terminations reviewed by HR or legal counsel
◯ None of the above

Awareness disclosure

58. Is any person proposed for coverage aware of any fact, circumstance, act, error, omission, or allegation that could reasonably be expected to result in a claim under the proposed coverage? ◯ Yes ◯ No

Loss history

59. Has the business had any losses, insured or otherwise, in the last three (3) years? ◯ Yes ◯ No

If Yes, provide loss detail or attach loss run detail to the application.

Insurance company / product	Policy year	Premium amount	Number of losses	Total loss amount	Status of claim (Open / Closed)

7 Acknowledgements

The Applicant represents that the information submitted in this application and attachments is true, complete, and current. The execution and submission of this application shall not bind the Company or its administrator to issue insurance, nor shall it bind the Applicant to acceptance of a policy. If a policy is issued and accepted, the representations in this application may be relied upon as part of the underwriting file. The Applicant agrees to promptly provide written notice of any material change in the information supplied.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application containing materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. The state-specific fraud notices attached to this application apply.

Applicant name	Title / role
Signature	**Date**

State-Specific Fraud Notices

The following notices are required by state law and form part of this application. The notice for the state in which you reside, or in which this application is signed, applies to you.

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ALASKA APPLICANTS: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

NOTICE TO ARIZONA APPLICANTS: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO DELAWARE APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO IDAHO APPLICANTS: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

NOTICE TO INDIANA APPLICANTS: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW HAMPSHIRE APPLICANTS: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application with deceptive and materially false information in order to gain acceptance of the risk by the Insurer, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO TEXAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Supplemental — Additional Business Location

Complete this page for each additional business location. Copy it as needed.

1. Location address:

Street address

City | State | Zipcode | County

2. Select building occupancy status:

○ Owner ○ Tenant (Leased)

3. Is this an owned condominium? ○ Yes ○ No ○ N/A

4. Does the business lease space to others? ○ Yes ○ No ○ N/A

If Yes, list tenant(s) and the square feet occupied

5. Total square feet of building:

6. Total square feet business occupies:

7. Year building was constructed:

8. If owned, building limit or value to be insured:

9. Business personal property value or limit to be insured:

10. Tenant improvements and betterments value or limit to be insured:

11. Property deductible requested:

○ $500 ○ $1,000 ○ $2,500 ○ $5,000 ○ $10,000

12. Building construction type:

○ Frame ○ Noncombustible ○ Joisted masonry

○ Masonry noncombustible ○ Fire protective ○ Other / Unknown

If Other or unknown, describe building materials

13. Building safeguards: *Select all that apply.*

○ Sprinkler system ○ Central station fire alarm ○ Central station burglar alarm

○ Local alarm ○ Surveillance / security cameras ○ Safe / vault

14. Is the building over 20 years old? ○ Yes ○ No

If Yes, indicate approximate year of the most recent updates.

Electrical | Plumbing | Air conditioning | Heating | Roof