

Quote Form: Business, Worker's Compensation, NYS Disability, Paid Family Leave

Please Use Your Pro-Forma or Answer the Following Questions to the Best of Your Ability:

Name: _____ Cell Phone Number: _____

Email Address: _____

Legal Name of Practice: _____

Do You Have a DBA for The Practice? No Yes If Yes, List Here: _____

Practice Phone Number: _____

Practice Address: _____

FEIN (Federal Employer Identification Number): _____

UI (Unemployment Insurance Number) Number: _____

Total Square Feet of the Building Your Dental Practice Resides In: _____

Total Square Feet of Space You Occupy: _____ Approximate Year Building was Built: _____

Approximate Year of Building Improvements: Electrical: _____ Roofing: _____ Plumbing: _____

Roof Type: _____

Construction Type for Building? (wood, joisted masonry, etc...) _____

Number of Stories in the Building? _____ Is There a Basement? Yes No

Is the Basement Finished? Yes No Are You Using the Basement for Storage? Yes No

Will You Own or Lease? Own Lease Is this space considered a condo unit? Yes No

If You Own the Building, What is or Will be the Legal Name for the Building as Shown on Deed? _____

If You Don't Own Building, But Lease Space, Did You Renovate the Space to Meet Your Needs?

Yes No

What Was the Cost to Renovate This Space? _____

(most leases require that you insure renovations and upgrades to the space you are leasing, this can be verified by reading the insurance requirements in your lease agreement)

Are There Any Residential (apartment) Properties Within the Building? Yes No How many? _____

Are There Any Other Occupants in the Building? Yes No

If Yes, What Type of Business(es)? _____

Number of Operatories: _____ Number of Hygiene/Consultation Rooms _____

Estimated Replacement Cost Value of All Dental Equipment, X-ray Machine, Supplies, Office Furniture, etc. _____

Is There a Central Burglar and/or Fire Alarm System Present? Yes No

Is it Monitored by an Alarm Company 24/7? Yes No

Sprinklered Building? Yes No

Number of Full Time Employees: _____ Number of Part Time Employees: _____

How Many Male Employees: _____ Female Employees: _____

Total Payroll Excluding Yourself and Your Partner: _____

How Many Employees Make Over \$83,000 Annually: _____

Any Plans to Reduce Workforce in Next 12 Months? Yes No

Any Material Impact on Revenues, Cash Position, etc. During Next 12 Months Yes No

Employee Handbook with Anti-Harassment and Anti-Discrimination Policies? Yes No

Total Annual Sales/Receipts of Dental Practice? *(Estimated if Need Be)* _____



WalshDuffield

Quote Form: Cyberliability Insurance

If interested in Cyberliability Coverage, please answer the following questions to the best of your ability:

Estimated total number of unique records collected/maintained by applicant:

- Under 50,000
- 50,000 – 500,000
- 500,000 – 1,000,000
- 1M – 3M
- Over 3M

Nature of the data collected:

- Biometric
- Corporate sensitive
- Financial account numbers
- Other identifying info (SSN, passport #, etc)
- Protected health info
- Other (name, address, phone, etc)

Estimated number of annual credit card transactions: _____

Revenue for this year: _____ Revenue for last year: _____

Number of employees current year: _____ Full time _____ Part time _____

Number of employees last year: _____ Full time _____ Part time _____

Loss history certification: No known breaches
 Extortion
 Unscheduled network outage over 4 hours

Do you allow remote access to your network? True False

If True:

Do you use multi-factor authentication (MFA) to secure all remote access? True False

Do you require a virtual private network (VPN)? True False

Do you use multi-factor authentication (MFA) for cloud-based email account access? True False

Do you regularly (at least annually) provide cyber security awareness training, including anti-phishing, to all staff who have access to your organization's network or confidential/personal data? True False

Do you implement critical patches (within 2 months)? True False

Do you scan incoming emails for malicious attachments and/or links? True False

Do you protect all of your devices with anti-virus, anti-malware, and/or endpoint protection software? True False



WalshDuffield

About Walsh Duffield

Walsh Duffield is a full-service insurance agency, handling the needs of dentists and their families since 1974. Our dentists trust us - not only with their malpractice insurance, but with their business, personal, and medical insurance as well. We understand that your time is valuable, which is why we have a team dedicated to handling all of your insurance needs.

We Insure:

1,000+ Dentists
100 Oral Surgeons
WNY & Central

70 Oral Surgeons
Western PA

- Business Insurance
- Employee Benefits
- Retirement Plan Solutions
- Personal Insurance
- Life Insurance



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