

California License 0E11818

Quick Quote for Dental Malpractice Insurance

Contact Richard Walton at Mikel's Insurance Services

(800) 928-0431 x128 (T) (562) 928-8149 (F) rwalton@mikels-ins.com (E)

Name: _____

Practice Name: _____

Specialty: _____

Street Address: (including building names and/or suite numbers)

City: _____ State: _____ Zip: _____

County where practice is located: _____

Phone: () _____ Fax: () _____

Email: _____

How would you like to receive your indication? (Please circle) **Phone** **Fax** **E-mail**

If by phone, when is the best time to call? _____

Malpractice Insurer: _____ Renewal Date: _____

Premium: _____ Retro-Active Date: _____

Limits _____ Policy Type: Occurrence or Claims-Made

Years in Practice: _____ Any claims in the last 8 years? Yes / No

Average Hours Practiced per Week: _____

Do you perform the following procedures: (Please circle all that apply)

Third Molar Extractions

Surgical Placement of Implants

Erupted

Partially Impacted

Fully Impacted

MISW