

Application – Student Dental Board Coverage

Please complete all information requested.

Note: application must be received at least two weeks prior to exam date.

Please fax or email application: 800-398-6726 / dentalstudents@medpro.com

For more information call 800-4MEDPRO

Please print

I. Name

Social Security No. _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

II. Forwarding Address After Graduation

Street _____

City _____ State _____ Zip _____

Name of School _____ Graduation Date (MM/DD/YY) _____

Email Address _____

III. Planned Location of Practice

Street _____

City _____ State _____ Zip _____

IV. A. Have you ever been treated for alcoholism, narcotic addiction or mental illness?

Yes No

B. Have you ever been charged or convicted of a felony?

Yes No

If Yes, give details: _____

C. Have you ever had any chronic illness or physical defect?

Yes No

D. Have any claims or suit ever been filed against you as a result of professional service rendered?

Yes No

If Yes, give details, amounts paid, dates: _____

E. Has this form of insurance or other similar insurance ever been cancelled, refused or nonrenewed?

Yes No

If Yes, give reason: _____

V. I will take the following examination(s): _____

City of Examination: _____ State of Examination: _____

Examination Dates: From: _____ To: _____

VI. Are you taking a specialty board exam?

Yes No

If Yes, please identify specialty: _____

VII. Dental Board Professional Liability: \$1,000,000/\$3,000,000 limits

I hereby declare that the above statements and particulars are true and that I have not knowingly suppressed or misstated any material facts and I agree that this application shall be the basis of the contract with the Company. I also acknowledge that if approved, coverage is only for services rendered during a dental internship prior to graduation and/or dental board examination pursuant to professional licensing.

Signature _____ Date _____

FOR COMPANY USE ONLY

Dates of Coverage: From: _____ To: _____ + _____

Date: _____ Acct: _____ Initials: _____