PROFESSIONAL PROTECTOR PLAN
FOR DENTAL STUDENTS | PPP

3101 W. MLK Boulevard • 4th Floor
PO Box 15875 • Tampa, FL 33684-5875

Fax 813.222.4233
Toll Free 800.282.0593
www.protectorplan.com

DENTAL STUDENT'S EQUIPMENT COVERAGE APPLICATION

APPLICATION MUST BE RECEIVED IN OUR OFFICE NO LATER THAN TWO WEEKS PRIOR TO PROOF OF INSURANCE REQUIREMENTS

Please complete all information requested and mail check for full premium to B&B Protector Plans, Inc. P.O. Box 15875, Tampa, Florida 33684-5875 1-800-282-0593 Ext. 4282

Contact Information

Applicant Name: _____

Current Street Address: _____

Current City, State, Zip: _____

Post-Graduation Address: _____

Post-Graduation City, State, Zip: _____

E-mail Address: _____ Website: _____

Phone Number: _____ Fax Number : _____

Policy Request Information

Name of Dental School: _____ Graduation Date: ____/____/____

After Graduation I plan to: ☐ Further my education ☐ Join an existing practice ☐ Open my own practice ☐ Other: _____

I want the following coverage: ☐ Equipment at $4,000 ☐ Requested Amount: _____

If the requested amount exceeds $4,000, please provide a list and cost of the equipment and the date purchased. Any premium for additional coverage will be billed to you.

☐ I own my equipment
☐ I lease my equipment

Desired Effective Date: ____/____/____

Upon approval of your application, coverage will become effective on the date requested or the date we receive your application, whichever is later. Premium for this coverage is $100.00. Please make your check payable to B&B Protector Plans, Inc. and mail it with this application to the address above.

I hereby certify that I have read the above questions and that all statements are true, material and complete. I further understand that any incomplete or incorrect statement could void my protection.

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: 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.) (For Tennessee and Washington Residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont Residents only: which may be a crime and may be subject to civil fines and criminal penalties.)

_____
Signature of Applicant Date

Master Policy No. _____ Certificate No. _____

Brown & Brown INSURANCE

CNA