

DENTAL PROFESSIONAL LIABILITY INSURANCE POLICY DECLARATION

Policy Number: DPL048787

New Renewal Revision

Named Insured Mailing Address:

Allan S Baker, DDS
PO Box 848
Snohomish, WA 98291

Effective Date: 6/1/2021

Issue State: Washington

Specialty/Classification:

80211 - Dentist performing 3rd Molar
Extractions, Implants or Sinus Lifts

Policy Period: 6/1/2021 to 6/1/2022 at 12:01 A.M.
Standard Time at the **Named Insured's** address above

Limits of Liability: \$1,100,000 Per Claim
\$3,000,000 Policy Aggregate

Deductible:
None

Annual Policy Premium: \$3,891.00

THIS **POLICY** SHALL NOT BE EFFECTIVE UNLESS THE FIRST INSTALLMENT PAYMENT
IS RECEIVED ON OR BEFORE THE DUE DATE DISPLAYED ON THE INVOICE

Forms and Endorsements Attached to this Policy:

Please see attached schedule of forms and endorsements

Agent:

923 - Angie Hoaglund
14001 University Ave
Clive, IA 50325

Agent ID:

923

Agent Phone & Fax:

(515) 313-4675

Primary Practice Address:

1320 7th St
Snohomish, WA 98290


Authorized Representative