

BOARD OF DENTISTRY

The Financial Responsibility options are divided into two categories, coverage and exemptions. Choose only ONE option of the seven provided pursuant to Rule 64B5-17.011, Florida Administrative Code.

CATEGORIES OF FINANCIAL RESPONSIBILITY COVERAGE:

- 1. I maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000, from an authorized insurer as defined under Section 624.09, Florida Statutes, from a surplus lines insurer as defined under Section 626.914(2), Florida Statutes, from a risk retention group as defined under Section 627.942, Florida Statutes, from the Joint Underwriting Association established under Section 627.351(4), Florida Statutes, or through a plan of self-insurance as provided in Section 627.357, Florida Statutes.
- 2. I maintain an unexpired, irrevocable letter of credit, established pursuant to Chapter 675, in an amount not less than \$100,000 per claim, with a minimum aggregate availability of credit of not less than \$300,000.

EXEMPTION CATEGORIES OF FINANCIAL RESPONSIBILITY COVERAGE:

- 3. I practice exclusively as an officer, employee or agent of the federal government or of the State of Florida or its agencies or subdivisions.
- 4. My license has become inactive under Chapter 466 and I am not practicing in this state.
- 5. I practice only in conjunction with my teaching duties at an accredited school or in its main teaching hospitals.
- 6. I am not practicing in this state.
- 7. I can demonstrate to the Board that I have no malpractice exposure in the State of Florida.

Name

License No.