



DENTISTS PROFESSIONAL LIABILITY TRUST OF COLORADO

PART-TIME COVERAGE CRITERIA

1. **APPLICATION AND UNDERWRITING**
The application and underwriting process applies to any dentist requesting part-time coverage. The extent varies as to whether the dentist is a new applicant.
2. **HOURS ALLOWED**
 - A. 16 Hours per week of direct patient care.
 - B. 64 Hours per month aggregate hours.
3. **MONITORING THE WORK HOURS**
THE TRUST CAN MONITOR THE HOURS:
 - A. Mid-Year
 - B. Renewal
 - C. Claims Management
4. **RATE**
As of October 1, 2017, the part time coverage rate is 50% of the corresponding full time rate.

SUPPLEMENTAL APPLICATION PART-TIME COVERAGE

Please complete and return to Berkley Risk for underwriting.

- I am applying for part-time coverage to replace my full time coverage.

Date Coverage is to be effective. _____

- I understand I can only work 16 clinical hours per week or 64 clinical hours aggregate per month.

I will be providing the following services:

___ Examination, Diagnosis, Treatment Planning	___ Orthodontics
___ Preventive Dentistry	___ Operative Dentistry
___ Implantology (Surgical, Restorative/Reconstruction)	___ Cosmetic Dentistry
___ Prosthodontics, Fixed	___ Endodontics
___ Pediatric Dentistry	___ TMJ/TMD
___ Prosthodontics, Removable	___ Periodontics
___ Oral Surgery	___ Conscious Sedation

Signature: _____

Date: _____

Approved: _____

Not Approved: _____

Reasons: _____

By: _____

Date: _____