



# EYE CARE PROFESSIONAL PROGRAM NEW ACCOUNT APPLICATION

Please email to [twhiteman@enscoelong.com](mailto:twhiteman@enscoelong.com) or fax to 412-206-0361



Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Licensed States \_\_\_\_\_ License # \_\_\_\_\_

FEIN \_\_\_\_\_ Date of Incorporation \_\_\_\_\_ Entity Type: Corporation  LLC  Partnership

Number of employees:

Type	Total Number	Total Requesting Shared Limits	Total Requesting Separate Limits
Optometrist			
Physician/Ophthalmologist			
Optometric Tech			
Opticians			
Ophthalmic Tech			
Other			

Annual Gross Sales \_\_\_\_\_ # Full Time Employees \_\_\_\_\_ # Part Time Employees \_\_\_\_\_ Total Annual Payroll \_\_\_\_\_

General Liability Limits Desired \_\_\_\_\_ Professional Liability Limits Desired \_\_\_\_\_

Are you required to name any Additional Insured's to your Professional Liability Policy? Yes  No

Are you covered by any other Professional Policy? Yes  No  Is coverage only needed for moonlighting? Yes  No

Practice Location Information: (please provide additional pages if more than one location – total must equal 100%)

%of operations at this location \_\_\_\_\_ % Type: Office  Hospital  Surgical Center  Other

Current Carrier	Occurrence or Claims Made	Current Policy Term / / to / /
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Optometrist Info:

Name	DOB	Graduation Date	First Date In Practice	Degree	# Hours Worked Weekly	Any Claims

The Eye Care Professional Program, presented by VBA and backed by Enscoe Long, includes insurance coverages tailored especially for the needs of Eye Care Professionals. Powered by A-Rated carriers, Enscoe Long is a trusted agency available to help you make the best coverage decision for your practice.