The Dentists Insurance Company
1201 K Street, 14th Floor, Sacramento, CA 95814

Declarations Insert

In consideration of the required premium, this policy is effective for the **policy period** beginning and ending at 12:01 a.m. at the insured address below and subject to the Limit of Liability for each Coverage stated below and subject to all provisions of the Policy Form, all Endorsements, and **your** application. This Declarations Insert attaches to and becomes part of Policy Form PBL2200-0115AS.

Policy Number	Policy Period Effective Date	Policy Period Expiration Date
8015444301	07/01/2025	07/01/2026

Named Insured	Class Description
Ronald L. Clark, DDS 727 Washington St Red Bluff, CA 96080-3322	11 General Dentist utilizing local, nitrous oxide or oral conscious sedation.

Dental Specialty	State / Component	Territory
00 General Dentist	California	C

Limits of Liability		Coverage	Retroactive Date
Each Claim	$1,000,000	Coverage A - Dentists Professional Liability Claims Made Form	07/01/1993
Each Occurrence	$1,000,000	Coverage B - Dentists Business Liability Occurrence Form	Not Applicable
Aggregate Limit for All Claims Under Coverages A & B combined	$3,000,000		
Aggregate	$100,000	Coverage C - Dental Employment Benefits Liability Claims Made Form	07/01/1993
Aggregate Defense Costs Reduce Limits	Not Applicable	Coverage D - Dental Employment Practices Liability (optional) Claims Made Form - 20% co-payment	Not Applicable
Aggregate	$60,000	Coverage E - Dental Medical Waste Legal Defense Occurrence Form - 20% co-payment	Not Applicable
Aggregate	$100,000	Coverage F - Regulatory Authority Legal Defense Costs Claims Made Form	07/01/1993

Policy Premium

Total: $1,868.00

Discounts

Notices

Endorsements made a part of this policy:

PBL2026-0524AS	PBL2122-0524AS	PBL2044-0524AS	PBL2500-0524CA	PBL2010-0524AS
PBL2527-0524AS	PBL2560-0524AS	PBL2565-0524AS	PBL2900-0524AS	

For questions regarding your insurance call: 800.733.0633

05/29/2025
Date issued

Todd D. Lewis
Chief Executive Officer