

APPLICATION  
**Professional Legal Expenses Plan Insurance**

For assistance in filling out this application call: **CDSPI Advisory Services Inc.**  
1.800.561.9401 or 416.296.9401, E-mail: insurance@cdspi.com

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Please complete all pertinent questions to avoid processing delays and return to:  
**CDSPI**, 155 Lesmill Road, Toronto, ON M3B 2T8 Fax: 1.866.337.3389 or 416.296.8920

## INDIVIDUAL INFORMATION

### Section 1 Applicant Information

1. Name (*please print*):

Dr.  Corporation

\_\_\_\_\_  
Last (*or name of partnership or corporation*)

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle or Middle Initial

2. Individuals only:  Male  Female

3. Mailing Address:

Check one:  Home  Business

\_\_\_\_\_  
Street and Number

\_\_\_\_\_  
Suite No.

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

4.

\_\_\_\_\_  
Business Telephone

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Mobile Telephone

\_\_\_\_\_  
Fax

5.

\_\_\_\_\_  
E-mail address

6. A. Account Number, if known:

B. Billing Preference (check one):

Same as current

Annually

Quarterly

Monthly

Pre-authorized Chequing\*

Automatic VISA/MasterCard\*

\* To pay monthly, quarterly or annually under these options, you must complete and send in a pre-authorized payment plans form. You can find these forms at [cdspi.com](http://cdspi.com).

7. Language Preference:  English  French

## Section 2 Party To Be Insured

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Note: Please complete even if applicant is the person to be insured.

1. Name: *(please print)*:

Dr.

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle or Middle Initial

2.  Male  Female

3. Birthdate: \_\_\_\_\_

Day Month Year

4. STATUS *(check one)*:

Member of Provincial/Territorial Dental Association\*

Member of CDA

\* Excluding the ACDQ in Quebec.

Year of Graduation: \_\_\_\_\_

Day Month Year

Name of University or Dental Faculty: \_\_\_\_\_

Dental Specialty: \_\_\_\_\_

## Section 3 Coverage Details

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1. A. Do you currently have any other legal expense insurance coverage in force?

Yes  No

(If you answered "Yes", please complete parts B and C.)

B. Insurer: \_\_\_\_\_

Coverage amount: \$ \_\_\_\_\_

C. Will you be canceling any existing legal expense insurance if approved for this coverage?

Yes  No

# DECLARATION AND AUTHORIZATION

## Section 4 Claims History (Must check one of below for this application to be processed)

Check one:

- I declare that **I do not** have knowledge of, or information concerning, any past or present act, omission or dispute, or past or present alleged act, omission or dispute, which is likely to give rise to a claim or to legal proceedings by or against me and, neither have I at any time made a claim for payment of legal expenses under any insurance policy.

**OR**

- I declare that **I do** have knowledge of potential, and/or previous claims for payment of legal expenses. (Please describe below. If you need more space, please complete on a separate piece of paper and sign and date it.)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Section 5 To Be Read, Signed and Dated By The Applicant

I apply to Aviva Insurance Company of Canada for Professional Legal Expenses Plan Insurance coverage. The information provided by me is true and complete and Aviva Insurance Company of Canada may rely on it in issuing insurance coverage to me. Note that coverage is not provided for anything occurring prior to the effective date of coverage which the applicant/insured knew or ought reasonably to have known was likely to give rise to a claim or legal proceedings. A photocopy or facsimile of this authorization shall be as valid as the original.


Signature \_\_\_\_\_ Date: | | | | |  
City/Town and Province/Territory where signed Day Month Year

Note: Eligibility for coverage is limited to dentists resident in Canada who are members of the CDA or participating provincial or territorial dental associations (in Quebec, only CDA members are eligible).

### This Section for Aviva Insurance Company of Canada use only

This application has been accepted and approved by Aviva Insurance Company of Canada.

Signature \_\_\_\_\_ Date: | | | | |  
Day Month Year

 **AVIVA** Professional Legal Expenses Plan Insurance is underwritten by Aviva Insurance Company of Canada.

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### NOTICE ON PRIVACY AND CONFIDENTIALITY – **Must be detached, read and retained by the person to be insured**

Aviva Insurance Company of Canada is committed to protecting your personal information and using or disclosing it only for the purposes for which it is collected. When you apply for insurance, consumer and previous insurance reports containing personal, credit, factual, investigative or previous claim and loss information about you may be sought in connection with these matters. By submitting your application, you consent to Aviva collecting, using or disclosing personal information collected in connection with this application. If you wish to withdraw your consent you must notify Aviva immediately in writing. For more information about how Aviva uses and protects your personal information, please refer to Aviva's privacy statement at [www.avivacanada.com](http://www.avivacanada.com). You may request to review and make corrections to the personal information in the insurer's file by writing to Aviva Canada Inc., Attention: Privacy Officer, 10 Aviva Way, Suite 100, Markham, ON L6G 0G1, or sending an e-mail to CAPrivacyOfficer@aviva.com.

Access to information which you provide to CDSPI or CDSPI Advisory Services Inc. will be restricted to those employees, mandataries, administrators, agents or brokers who are responsible for underwriting, marketing and administration of services and the processing, facilitating and investigation of claims and to any other person you authorize or as authorized by law. You may request to review and make corrections to the personal information contained in your file at CDSPI or CDSPI Advisory Services Inc. by writing to: The Chief Privacy Officer, 155 Lesmill Road, Toronto, ON M3B 2T8.

