

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

About This Application: In order to apply for the Building Insurance Option, you must have coverage or apply for coverage under the TripleGuard™ Insurance plan. By submitting this completed application to CDSPI, you are requesting an insurance premium quote for Building Insurance coverage under the TripleGuard™ Insurance plan. For further information about this coverage, consult the Building Insurance Information Sheet.

If you are unable to complete questions in the space provided, attach a separate page and sign and date it.

INDIVIDUAL INFORMATION

Section 1 Applicant Information

Please complete this section. If approved for coverage and if you accept the coverage for the premium quoted, you will be invoiced.

1. Name (please print):

Check one: Dr. Partnership Corporation

 Last (or name of partnership or corporation) First Middle or Middle Initial

2. Mailing Address:

Check one: Home Business

 Street and Number Suite No.

 City/Town Province Postal Code

3.

 Business Telephone Home Telephone

 Mobile Telephone Fax

4.

 E-mail address (please include to expedite the application process)

5. 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 this option, you must complete and send in a pre-authorized payment plans form. To obtain this form, visit www.cdspi.com.

Note: A 2.23 per cent processing charge applies to monthly and quarterly payments.

Name of party with TripleGuard™ Insurance currently in force (please print):

Dr. Partnership Corporation

 Last (or name of partnership or corporation) First Middle or Middle Initial

Section 2 Owner(s) of Building to be Insured

Note: Please complete even if the applicant is the owner of the building to be insured.

1. Name (please print):

Check one: Individual Partnership Corporation

 Last (or name of partnership or corporation) First Middle or Middle Initial

2.

 Telephone

3. If the building to be insured is owned by a partnership or a corporation, please list the names of all partners or shareholders involved and their relationship to the applicant.

Name (Last First Middle or Middle Initial)	Relationship to Applicant

BUILDING INFORMATION

Section 3 Structure Details

1. Address of property to be insured:

Note: In the building to be insured, the applicant must have or intend to have a dental office, which is insured under the TripleGuard™ Insurance plan or the TripleGuard™ Insurance Associate Package.

Street and Number _____ Suite No. _____

City/Town _____ Province _____ Postal Code _____

2. Name and phone number of contact for inspection purposes (For example, your Building Manager):

Last _____

Telephone _____

3. In what year was the building constructed? _____

4. Number of years the property has been under its current ownership: _____

5. Number of storeys: _____

6. Is there a basement? Yes No

7. Total square footage of the building: _____

8. Total square footage of the grade (main) floor area: _____

9. Type of Construction (e.g. wood, steel, brick, concrete, etc.):

Floors _____

Walls _____

Roof _____

10. How is the building heated? _____

- 11.A. Is the building air conditioned? Yes No

- B. If air conditioned, is the air conditioning system a:

- Central H.V.A.C system, or
 Rooftop H.V.A.C system, or;
 Window-mounted unit(s)

12. Are there any boilers or pressure vessels on the premises that require certification?

Yes No

13. Is there a fire hydrant located within 500 meters of the premises?

Yes No

14. Distance from the premises to nearest fire hall:
 0-5 km or more than 5 km

- 15.A. Is there a fire sprinkler system on the premises?

Yes No

- B. If there is a sprinkler system, is it wet dry both?

- C. If there is a sprinkler system, is it connected to a central monitoring system?

Yes No

- 16.A. Is the building (not just your dental practice or a tenant's space) protected by a security alarm system?

Yes No

- B. If "Yes", is the alarm system centrally monitored?

Yes (List monitoring company) _____
 No

17. Please describe all of the exposures relating to the premises: (Example: Side 1 Exposure: "A 100-foot wide parking lot adjacent to the property is next to a neighbouring one storey brick house.")

Front Exposure: _____

Back Exposure: _____

Side 1 Exposure: _____

Side 2 Exposure: _____

18. Do you have solenoid switches on your water lines?

Yes No

- 19.A. Has your building been designated a heritage building?

Yes No

- B. If "Yes", have you had a recent professional appraisal of the property? (A professional appraisal reflects the cost of replacing the building. A real estate appraisal is not valid for this purpose since it includes market value.)

Yes No

If "Yes", please include a copy of the professional appraisal with your application.

20. Have any of the following systems at the premises been renovated?

A. Electrical If "Yes" provide details and completion date of most recent renovation

Yes No _____

Day Month Year

B. Heating If "Yes" provide details and completion date of most recent renovation

Yes No _____

Day Month Year

C. Plumbing If "Yes" provide details and completion date of most recent renovation

Yes No _____

Day Month Year

D. Roofing If "Yes" provide details and completion date of most recent renovation

Yes No _____

Day Month Year

21. Please list the name and address of all mortgagees (e.g. a lending institution) and all loss payees (e.g. an equipment leasing company) associated with the property:

A. Mortgagee

Name

Street and Number Suite No.

City/Town Province Postal Code

B. Mortgagee

Name

Street and Number Suite No.

City/Town Province Postal Code

C. Loss Payee

Name

Street and Number Suite No.

City/Town Province Postal Code

D. Loss Payee

Name

Street and Number Suite No.

City/Town Province Postal Code

Section 4 Occupancy Details

1. Please provide details about all occupants at the location to be insured (including your dental practice):

Name of occupant	Use (e.g. office, residence)	Square Footage Occupied

2. A. Are any of the occupants listed above restaurants/eateries?

Yes No

If "Yes", please attach (for each restaurant) a copy of the service agreement or a copy of the annual inspection certificate. If "No", please go to Section 5.

B. If any occupants are restaurants, do they use deep fat fryers?

Yes No

C. If deep fat fryers are used, is there an automatic chemical extinguishing system (ULC 300 or ULC 1254.6) on the premises?

Yes No

D. If deep fat fryers are used, is there a Class K wet chemical portable extinguisher on the premises?

Yes No

E. If any occupants are restaurants and deep fat fryers are not used, is there a dry chemical system on the premises?

Yes No

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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. 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.

