

APPLICATION
Ontario Excess Malpractice 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

Section 1 Applicant Information

1. Name (please print):

Check one: Individual Partnership Corporation

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

2. Individuals only – Gender: 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 Number

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 this option, you must complete and send in a Pre-authorized Payment Plans form.

7. Language Preference: English French

Section 2 Party To Be Insured

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

1. Name of Dentist:

Last First Middle Initial

2. Gender: Male Female

3. Birthdate:
Day Month Year

4. Your professional dental corporation(s) can be insured under this policy. Please list below:

5. Are you a member of the ODA? Yes No

If No, you are not eligible for CDSPI Ontario Excess Malpractice Insurance.

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Section 3 Coverage Details

1. Total excess limit required above the \$2 million coverage offered through the College's Professional Liability Program (check one):

- \$1,000,000
- \$2,000,000
- \$3,000,000
- \$8,000,000
- \$23,000,000

2. Effective date of coverage:

Day	Month	Year					

Coverage is effective at 12:01 am on the date following the date a valid application is received by CDSPI, or a future date if indicated, and provided that you are a licensed dentist in Ontario on that date. If your application indicates any claim history, your coverage will take effect only once approved by the insurer.

DECLARATION AND AUTHORIZATION

Section 4 To Be Read, Signed and Dated By the Person To Be Insured

Malpractice Information: I agree that, by submitting this application for Ontario Excess Malpractice Insurance, Aviva Insurance Company of Canada, CDSPI, CDSPI Advisory Services Inc., and/or the dental licensing bodies of any province or territory of Canada, may exchange information on claims made against me, the status of my Malpractice coverage, and my licensing status as a dentist.

I apply to Aviva Insurance Company of Canada for the insurance indicated above. 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. I acknowledge receipt of and confirm my agreement with the Notices on Privacy and Confidentiality. A photocopy or facsimile of this authorization shall be as valid as the original.

I declare that, except as described below, I do not now have knowledge of or information concerning any claim, notice of claim, demand, or suit for professional negligence and there is not any claim or suit pending against me arising out of the performance or non-performance of professional services. I further declare that no claim has been or has to be paid by me or on my behalf and no judgment has been entered against me for damages on account of any malpractice, error, or any alleged malpractice, error, or mistake occurring in the practice of my profession except as follows:


Disclosure of all claims information

Type of loss (please describe)	Date of loss	Amount of loss (\$)	If precautions have been taken to prevent future losses, please describe

Signature _____

Date:

Day	Month	Year					

 **AVIVA** Ontario Excess Malpractice 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. 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.