

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*):

Check one:  Dr.  Mr.  Mrs.  Miss  Ms.

\_\_\_\_\_  
 Last First Middle or Middle Initial

2.  Male  Female

3. Mailing Address:

Check one:  Home  Business

\_\_\_\_\_  
 Street and Number Suite No.

\_\_\_\_\_  
 City/Town Province Postal Code

4. Principal residence address (*if other than above*):

\_\_\_\_\_  
 Street and Number Suite No.

\_\_\_\_\_  
 City/Town Province Postal Code

5.

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

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

6.

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

7. 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](http://www.cdspi.com).

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

8. Language Preference:  English  French

9. STATUS (*check one and provide details*):

A.  Retired Dentist

B.  Dentist

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: \_\_\_\_\_

C.  Student

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

D.  Dental Staff Member

Name of Employer: \_\_\_\_\_

E.  Employee of Dental Association

Name of Association: \_\_\_\_\_

F.  Immediate family member of eligible person

Occupation: \_\_\_\_\_

Name of eligible member: \_\_\_\_\_

Eligible relation's relationship to you: \_\_\_\_\_

Membership Status of eligible relation:

Dentist  Dental student

Staff (Employer is:  Provincial/Territorial Dental Association\* Member)

CDA Member

\* Excluding the ACDQ in Quebec.

Association employee

# COVERAGE APPLIED FOR

## Section 2 Details

1. Amount of Personal Umbrella Liability Insurance applied for at this time:

- \$3,000,000    \$4,000,000    \$5,000,000

## Section 3 Existing Insurance

### 1. A. Personal Liability: (normally under the Homeowners/Tenants policy)

List all your current primary personal liability policies which you would like to be covered by the Personal Umbrella Liability Insurance plan. Each policy must be for a minimum of \$1,000,000 coverage in order to qualify as underlying insurance.

Insurance Company Name (not agent/broker name)	Limit (\$) (You must have a minimum of \$1,000,000)	Policy No.	Expiry Date (Day/Month/Year)

Note: If necessary, attach a separate page and sign and date it.

B. Do you own any other residences, cottages, or recreational properties?  Yes  No

C. If you answered "Yes" to question 1B, please provide the full address for each below: (If you need more space, please attach an extra sheet and sign and date it.)

Note: Coverage does not apply to any liability arising out of the ownership by the Insured of real property located outside Canada.

### 2. A. Automobiles/Motorized Vehicles:

List all policies covering private passenger automobiles, motorcycles and recreational vehicles\* owned by or leased to you or any members of your household.\*\* Each policy must be for a minimum of \$1,000,000 coverage in order to qualify as underlying insurance. **(Vehicles registered in a company name are not covered under this policy, except vehicles for personal use only.)**

Insurance Company Name (not agent/broker name)	Limit (\$) (You must have a minimum of \$1,000,000)	Policy No.	Expiry Date (Day/Month/Year)

NOTE: If necessary, attach a separate page and sign and date it.

B. Does your automobile policy include clause OPCF 44/SEF 44 uninsured or underinsured motorists, called Family Protection Endorsement in some provinces? (not applicable in B.C., Quebec or Manitoba). (If you are unsure, refer to your policy or ask your agent/broker)

- Yes    No (If No, you are not eligible for this option.)

NOTE: All applicants except those in B.C., Quebec or Manitoba must answer Questions 2. B and 2. C.

C. If Yes, provide liability limit: \$ \_\_\_\_\_

\* Coverage does not apply to any liability arising from the ownership of any automobile which is licensed outside of Canada.

**Section 4 Vehicle Use**

**1. A.** Please list the names and ages of all drivers in your household:\*\*

Name (Last, First, Middle or Middle Initial)	Age

**B.** Have you or any members of your household had your/his/her driver's license suspended or revoked or insurance coverage cancelled in the past three years?  Yes  No

**C.** If Yes, please explain:

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**2. A.** How many automobiles/motorized vehicles\* are owned by, leased to or used by you or members of your household? \_\_\_\_\_

**B.** Do you or any drivers in your household own a motorcycle, ATV or snowmobile?  Yes  No

**C.** Do you or any members of your household own watercraft(s)?  Yes  No

**3. A.** Have you or any member of your household experienced any previous liability losses of \$10,000 or more in the past five years?  
 Yes  No

**B.** If Yes, please provide details, giving insurer, policy number, date, amount of loss and a brief description:

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(If you need more space, please attach a separate sheet and sign and date it.)

\* Coverage does not apply to any liability arising from the ownership of any automobile which is licensed outside of Canada.

\*\* Post-secondary students age 25 and under, who are financially dependent and living away from home temporarily to attend university or college, are considered to be part of your household.

Continued... ►

# DECLARATION AND AUTHORIZATION

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

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 Notice of Privacy and Confidentiality. A photocopy or facsimile of this authorization shall be as valid as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City/Town and Province where signed

Date: | | | | |  
Day Month Year


**NOTE:** Eligibility for coverage or increased coverage is limited to individuals resident in Canada who are members of the CDA or a participating provincial or territorial dental association (in Quebec, only CDA members are eligible). Employees of eligible dentists and their eligible family members resident in Canada and employees of specified dental organizations (including the CDA and participating provincial or territorial dental associations) are also eligible. In Quebec, eligibility for coverage or increased coverage is limited to members of CDA and their employees, and their eligible family members.

### 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** Personal Umbrella Liability 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.