

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

Please complete all pertinent questions to avoid processing delays and return to:  
**CDSPI**, 2005 Sheppard Ave East, Suite 500, Toronto, ON M2J 5B4 Fax: 1.866.337.3389

**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.

**IMPORTANT NOTE: Coverage cannot be provided if the building has aluminum or knob and tube wiring and/or galvanized and polybutylene plumbing.**

## 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: |\_|\_|\_|\_|\_|\_|\_|\_|

5. B. Payment Frequency (Choose One):

- Same as current  
(Only applies if you are an existing client paying premiums)
- Annual
- Quarterly\*
- Monthly\*  
(If paying monthly, you must select Automatic Payments under the Payment Method section below)

\*A 2.23% processing charge applies to monthly and quarterly payments.

5. C. Payment Method (Choose One):

- Invoice (Will be mailed to your address on file for payment.)
- Automatic Payments
  - Pre-authorized Chequing Plan (PAC) -  
Please complete a Pre-Authorized Chequing Plan Form
  - VISA/MasterCard -  
CDSPI will contact you to obtain credit card details upon receipt of your application.

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? \_\_\_\_\_

If your building is 40 years old, or more, in order to provide a quote, the insurer will require that the building has been updated (electrical, heating, plumbing, roofing) in the last 20 years. The insurer will also require a copy of a current Replacement Cost Appraisal/Inspection\* from within the last year.

\*If your building is deemed a Historical or Heritage building, the insurer will instead require a copy of a Heritage /Historical Appraisal of Replacement Cost. Market value appraisals will not be accepted.

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. Has your building been designated a heritage building?

Yes  No

If yes, in order to provide a quote, the insurer will require that the building has been updated (electrical, heating, plumbing, roofing) in the last 20 years. The insurer will also require a copy of a Heritage/Historical Appraisal of Replacement Cost from within the last year. Please include a copy of the appraisal with your application.

Market value appraisals will not be accepted.

**20.** Have any of the following systems at the premises been renovated? *See IMPORTANT NOTE on page 1.*

**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

Continued... ►

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

By submitting personal information, including, but not limited to, name, address, date of birth, and medical information, to Zurich Insurance Company Ltd and its affiliates (collectively, "Zurich") and authorized representatives respecting individuals insured or covered by this policy, you acknowledge and confirm that you have consented to or, if applicable, you have obtained, and are retaining the consent of such individuals to the collection, storage, use and disclosure of their personal information for the purposes of securing and administering such insurance coverage(s). Personal information is processed and stored by Zurich and its affiliates and authorized representatives in both domestic and foreign jurisdictions. Please contact the Zurich Privacy Officer if you require further additional information regarding the collection, use, disclosure, processing and storage of your personal information via email at [privacy.zurich.canada@zurich.com](mailto:privacy.zurich.canada@zurich.com) or you can review our privacy statement at <https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement>. The policyholder may refuse to consent or withdraw their consent to the collection, storage, use or disclosure of personal information; however, the refusal to provide consent may result in Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay claim benefits. Zurich is committed to protecting the privacy and confidentiality of information provided. Your file is secured in our offices or those of our administrator or agent. You may request to review your personal information and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9.

CDSPI and CDSPI Advisory Services Inc. collect, use and disclose your personal information on this application for purposes that include: determining your eligibility for our plans; administering and providing insurance and financial services to you; underwriting; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; marketing and to advise you of other related products and services. We limit access to your personal information in our files to our employees, authorized agents and third-party service providers, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You may request to review the personal information your file contains and make corrections by sending a written request to: CDSPI, Attn: The Chief Privacy Officer, 2005 Sheppard Ave East, Suite 500, Toronto, ON M2J 5B4. To find out more about our privacy practices, visit [www.cdspi.com/privacy](http://www.cdspi.com/privacy).



# COVERAGE APPLIED FOR

## Section 6 Coverage Details

1. A. Insurance Coverage Amount requested: \$ \_\_\_\_\_

Include only the replacement cost for the building's structure and fixtures, not including the value of the land or contents (furnishings, etc.) within the building. It is very important to insure to the maximum replacement cost. If you have not insured for the full replacement value, your loss payment may be impacted by a 90% co-insurance penalty.

B. Requested Effective Date: \_\_\_\_\_  
Day Month Year

- C. Deductible desired:  \$1,000  
 \$2,500  
 \$5,000  
 \$10,000

Note: Subject to insurer approval, your Building Insurance may include the following special coverages: replacement cost, building by-laws and coverage for losses resulting from earthquake, flood and sewer back-up. Your Memorandum of Insurance will indicate whether your building is insured for these coverages and will list the limits of your coverage and deductibles that apply.

2. Do you wish to apply for signage coverage\*?

- Yes \$ \_\_\_\_\_ (coverage amount requested)  
 No

\* Subject to availability.

### Options

Note: The deductible for the option(s) selected will be the same amount as indicated in Question 1.C. above.

3. A. Do you wish to purchase the Extended Rental Income Option?

- Yes  No

B. If "Yes", please list the gross annual rental income you receive from your tenants: \$ \_\_\_\_\_

Note: Subject to insurer approval, the Extended Rental Income Option may include the following special coverages: coverage for losses resulting from earthquake, flood and sewer back-up. Your Memorandum of Insurance will indicate whether your building is insured for these coverages and will list the limits of your coverage and deductibles that apply.

4. For an additional premium, do you wish to add Equipment Breakdown coverage to your Building Insurance?

- Yes  No

5. Do you plan to do extensive renovations in the near future? If "Yes", please contact CDSPI Advisory Services Inc. to discuss.

# DECLARATION AND AUTHORIZATION

## Section 7 To Be Read, Signed and Dated By the Applicant

(If the applicant is a partnership or corporation, one dentist who has been authorized to do so must sign his/her name on behalf of the partnership or corporation.)

I apply to Zurich Insurance Company Ltd. for the insurance indicated above. The information provided by me is true and complete and Zurich Insurance Company Ltd. may rely on it in issuing insurance coverage to me. I acknowledge receipt of and confirm my agreement with the Privacy Statement. A photocopy or facsimile of this authorization shall be as valid as the original.

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