

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

1 Applicant Information

A. Name of Applicant (Please print):

Check one: Dr. Mr. Ms.

Last Name

First Name

Middle Name or Initial

B. Gender and Date of Birth:

Male Female

Date of Birth

Day	Month	Year	Year

C. Are you a Canadian citizen or permanent resident of Canada?

Yes No**

D. University:

E. Date of Graduation:

Month	Year	Year	Year

** If no, you are not eligible for this coverage.

F. Language Preference: English French

G. Account Number (if known):

H. Current Mailing Address:

Check one: Home Business

Street and Number

Suite No

City/Town

Province

Postal Code

Business Telephone Number

Fax

Mobile Telephone Number

E-mail address (please print)

I. Applicant's position in dental practice (check one):

associate sole proprietor partner other _____

2 No-Cost* TripleGuard™ Insurance Coverage

A. Package Selection (Please check one):

Yes! I would like to receive the TripleGuard™ Insurance Associate Package which includes \$50,000 of office contents coverage (with a \$1,000 deductible), practice interruption coverage based on your actual loss sustained, and \$5-million of commercial general liability coverage at no cost to me until December 31st of my graduation year. The Associate Package can insure multiple practice locations if addresses are named.

OR Yes! I would like to receive the standard TripleGuard™ Insurance plan, which includes \$50,000 of office contents coverage (with a \$1,000 deductible), practice interruption coverage based on your actual loss sustained, and \$5-million of commercial general liability coverage at no cost to me until December 31st of my graduation year. The standard TripleGuard™ Insurance plan provides coverage at one practice location.

B. Location to be Insured:

Same as Current Mailing Address (question 1H), or:

Street and Number

Suite No

City/Town

Province

Postal Code

Business Telephone Number

Fax

* Coverage must be activated by December 31st of your graduation year. Coverage continues at no cost until December 31st of your graduation year.

You are eligible to receive a 50 per cent discount on the regular premiums for the three calendar years following graduation.

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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 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.

2 No-Cost* TripleGuard™ Insurance Coverage — Continued

C. Building Category (check one):

- Fire Resistive All other construction

(See TripleGuard™ Insurance Plan Sheet for definitions)

D. Effective Date of Coverage*:

Day	Month	Year

* Coverage is effective on the later of your graduation date, the date specified or the date this form is received by CDSPI or CDSPI Advisory Services Inc. Coverage does not apply to losses from incidents occurring before the effective date.

E. Additional Locations to be Insured:

- Check here if you are applying for the TripleGuard™ Insurance Associate Package and will be practising in more than one location. Please list your additional office address(es) below.

1.

Street and Number	Suite No	
City/Town	Province	Postal Code
()	()	
Business Telephone Number	Fax	

2.

Street and Number	Suite No	
City/Town	Province	Postal Code
()	()	
Business Telephone Number	Fax	

3.

Street and Number	Suite No	
City/Town	Province	Postal Code
()	()	
Business Telephone Number	Fax	

3 Authorization — To Be Read, Signed and Dated By The Applicant

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.

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Signature of Applicant

Day	Month	Year

A photocopy or facsimile of this authorization shall be as valid as the original.

NOTE: Eligibility for coverage is limited to graduating dentists who are Canadian citizens or permanent residents of Canada. Commercial general liability coverage is subject annually to a \$10-million general aggregate limit. Details, terms, conditions and exclusions for the TripleGuard™ Insurance plan are set out in the plan's Policy Terms and Conditions.

 **ZURICH**™ TripleGuard™ Insurance is underwritten by Zurich Insurance Company Ltd (Canadian Branch).