

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

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 or 416.296.8920

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

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

Yes No**

D. University:

E. Date of Graduation:

Month 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 — Includes pandemic outbreak[†] coverage tailored exclusively for dentists

A. Package Selection (Please check one):

Yes! I would like to receive the TripleGuard™ Insurance Associate Package which includes \$15,000 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

[†] Pandemic outbreak means an outbreak of an infectious disease resulting in serious illness that becomes prevalent over the human population throughout a region. Practice interruption coverage under the TripleGuard™ Insurance plan includes pandemic outbreak coverage of up to \$1,000 per day (up to a \$20,000 aggregate annual limit).

* 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

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.

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 declare that the information provided by me is true and complete and that 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 on Privacy and Confidentiality.

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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 certificate booklet.