

APPLICATION
Professional Legal Expenses Plan Insurance

For assistance in filling out this application call: **CDSPI Advisory Services Inc.**

1.800.561.9401 or 416. 296.9401, E-mail: insurance@cdspiadvice.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

INDIVIDUAL INFORMATION

Section 1 Applicant Information

1. Name (*please print*):

Dr. Corporation

Last (*or name of partnership or corporation*)

First

Middle or Middle Initial

2. Individuals only: 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

5.

E-mail address

6. A. Account Number, if known:

6. 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.

6. 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.

7. Language Preference: English French

Section 2 Party To Be Insured

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

1. Name: *(please print)*:

Dr.

Last

First

Middle or Middle Initial

2. Male Female

3. Birthdate: _____

Day Month Year

4. STATUS *(check one)*:

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: _____

Section 3 Coverage Details

1. A. Do you currently have any other legal expense insurance coverage in force?

Yes No

(If you answered "Yes", please complete parts B and C.)

B. Insurer: _____

Coverage amount: \$ _____

C. Will you be canceling any existing legal expense insurance if approved for this coverage?

Yes No

DECLARATION AND AUTHORIZATION

Section 4 Claims History (Must check one of below for this application to be processed)

Check one:

- I declare that **I do not** have knowledge of, or information concerning, any past or present act, omission or dispute, or past or present alleged act, omission or dispute, which is likely to give rise to a claim or to legal proceedings by or against me and, neither have I at any time made a claim for payment of legal expenses under any insurance policy.

OR

- I declare that **I do** have knowledge of potential, and/or previous claims for payment of legal expenses. (Please describe below. If you need more space, please complete on a separate piece of paper and sign and date it.)

Section 5 To Be Read, Signed and Dated By The Applicant

I apply to Aviva Insurance Company of Canada for Professional Legal Expenses Plan Insurance coverage. 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. Note that coverage is not provided for anything occurring prior to the effective date of coverage which the applicant/insured knew or ought reasonably to have known was likely to give rise to a claim or legal proceedings. A photocopy or facsimile of this authorization shall be as valid as the original.

Signature _____ Date: | | | | |
City/Town and Province/Territory where signed Day Month Year

Note: Eligibility for coverage is limited to dentists resident in Canada who are members of the CDA or participating provincial or territorial dental associations (in Quebec, only CDA members are eligible).

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 Professional Legal Expenses Plan Insurance is underwritten by Aviva Insurance Company of Canada.

20-30 03/20

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.cdsppi.com/privacy.

