APPLICATION

Malpractice Insurance

CDSPI ADVICE. INSURANCE. INVESTMENTS.

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

INDIVIDUAL INFORMATION

Section 1 Applicant Information

1. Name (*please print*):
Check one: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.
☐ Partnership ☐ 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 (*please include to expedite the application process*)

6. Non-Dentists Only:
Home Address (if different than Question #3):

Street and Number Suite No.

City/Town Province Postal Code

7. A. Account Number, if known: ☐☐☐☐☐

7. 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.

7. 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.

8. Language Preference: ☐ English ☐ French

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Section 2 Party To Be Insured

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

1. Name:
Check one: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

Last First Middle or Middle Initial

2. ☐ Male ☐ Female

3. Birthdate: Day Month Year

4. Your professional dental corporation(s) can be insured under this policy. Please list.

5. A. Person to be insured is licensed or will be licensed to practise in the following province(s):

B. If not licensed, expected date to be licensed:

Day Month Year

6. STATUS (*check one*):

☐ 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:

☐ Hygienist†

Under Contract to/Employed by (Name of Licensed Dentist):

☐ Certified Dental Assistant†

Under Contract to/Employed by (Name of Licensed Dentist):

☐ Dental Nurse†

Under Contract to/Employed by (Name of Licensed Dentist):

† *Coverage for auxiliaries applies only to professional services performed while working under the direction or supervision of a licensed dentist.*

COVERAGE APPLIED FOR

Section 3 Coverage Details

1. Dentists only:

A. Amount of insurance applied for (check one):

☐ $3,000,000 ☐ $4,000,000 ☐ $5,000,000
☐ $10,000,000 ☐ $25,000,000

B. Deductible:

☐ $1,000 ☐ $2,500 ☐ $5,000
(If no deductible is chosen it will automatically be $1,000.)

For dentists, coverage is effective on the later of the license date or the date a valid application is received by CDSPI. For information phone CDSPI Advisory Services Inc.

2. Auxiliaries only:
Effective date of coverage: Day Month Year

Hygienists, Certified Dental Assistants, and Dental Nurses are offered coverage in the amount of $2-million and with a deductible of $500.

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.

Section 4 Temporary Coverage*

1. If you are applying for coverage for a short period of time (e.g. a few days or weeks), please indicate how long coverage is required.

Start date: Day Month Year

End date: Day Month Year

Note: There is a minimum premium charge of $250 plus any applicable tax. Payment is required at time of approval. Please contact CDSPI.

2. I have or will have a temporary licence for the following province(s):

Name of province(s)

DECLARATION AND AUTHORIZATION

Section 5 To Be Read, Signed and Dated By the Person To Be Insured

Malpractice Information: I agree that information on claims made against my Malpractice coverage may be disseminated by Aviva Insurance Company of Canada to CDSPI or CDSPI Advisory Services Inc. (CDSPI's licensed affiliate), and that such information and confirmation of my insurance coverage status MAY be transmitted to the licensing body of the appropriate province if this information is so requested.

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

I declare that, except as described below, I do not now have knowledge of or information concerning any claim, notice of claim, demand, or suit for professional negligence and there is not any claim or suit pending against me arising out of the performance or non-performance of professional services. I further declare that no claim has been or has to be paid by me or on my behalf and no judgment has been entered against me for damages on account of any malpractice, error, or any alleged malpractice, error, or mistake occurring in the practice of my profession except as follows:

Disclosure of claims information

Signature

Date: Day Month Year

Note: Eligibility for coverage or increased coverage is limited to dentists resident in Canada, and hygienists†, certified dental assistants† and dental nurses† resident in any Canadian province or territory and employed by or under contract to and who perform dental services only when in the office of or acting under the direction or supervision of a licensed dentist.

† *Staff members who have purchased malpractice coverage may maintain it if they change employment, as long as the new employer is a licensed dentist.*