

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

**Dentists in Alberta, Ontario and the province of Quebec are not eligible for this coverage.**

## 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)
- Annually
- 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

Continued... ►

## 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.** ELIGIBILITY STATUS (*check one*):

- Dentist  
 Member of Provincial/Territorial Dental Association (excluding the ACDQ)  
 Member of CDA  
 Non-Member\*

Provincial/CDA License Number: \_\_\_\_\_

Date of Graduation 

Day	Month	Year							

Name of University or Dental Faculty: \_\_\_\_\_

Dental Specialty: \_\_\_\_\_

\* Non-members are not eligible for member pricing. Please refer to the premium chart at [cdspi.com](http://cdspi.com) for details.

- Hygienist<sup>†\*</sup>

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

- Certified Dental Assistant<sup>†\*</sup>

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

- Dental Nurse<sup>†\*</sup>

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

<sup>†</sup> Coverage for auxiliaries applies only to professional services performed while working under the direction or supervision of a licensed dentist. Excludes auxiliaries in the province of Quebec.

\* Auxiliaries must be employed by a licensed dentist in order to apply.

### 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 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.

## 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

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

\_\_\_\_\_  
Name of province(s)

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

# 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 Zurich Insurance Company Ltd. 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 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.

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, excluding the province of Quebec, and auxiliaries<sup>†</sup> resident in any Canadian province or territory excluding the province of Quebec 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.

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