

APPLICATION
Ontario Excess Malpractice Insurance

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

Section 1 Applicant Information

1. Name (please print):

Check one: Individual Partnership Corporation

Last name (or name of partnership/corporation) First name Middle Initial

2. Individuals only – Gender: 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 Number

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 the applicant is the party to be insured.

1. Name of Dentist:

Last First Middle Initial

2. Gender: Male Female

3. Birthdate:
Day Month Year

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

5. Are you a member of the ODA? Yes No

If No, you are not eligible for CDSPI Ontario Excess Malpractice Insurance.

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Section 3 Coverage Details

1. Total excess limit required above the \$2 million coverage offered through the College's Professional Liability Program (check one):

- \$1,000,000
- \$2,000,000
- \$3,000,000
- \$8,000,000
- \$23,000,000

2. Effective date of coverage:

Day	Month	Year	Year	Year	Year	Year

Coverage is effective at 12:01 am on the date following the date a valid application is received by CDSPI, or a future date if indicated, and provided that you are a licensed dentist in Ontario on that date. If your application indicates any claim history, your coverage will take effect only once approved by the insurer.

DECLARATION AND AUTHORIZATION

Section 4 To Be Read, Signed and Dated By the Person To Be Insured

Malpractice Information: I agree that, by submitting this application for Ontario Excess Malpractice Insurance, Aviva Insurance Company of Canada, CDSPI, CDSPI Advisory Services Inc., and/or the dental licensing bodies of any province or territory of Canada, may exchange information on claims made against me, the status of my Malpractice coverage, and my licensing status as a dentist.

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 Notices 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 all claims information

Type of loss (please describe)	Date of loss	Amount of loss (\$)	If precautions have been taken to prevent future losses, please describe

Signature _____

Date:

Day	Month	Year	Year	Year	Year	Year

 **AVIVA** Ontario Excess Malpractice Insurance is underwritten by Aviva Insurance Company of Canada.

20-28 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.cdspi.com/privacy.