

# APPLICATION FOR DENTAL THERAPIST Malpractice Insurance

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

## INDIVIDUAL INFORMATION

### Section 1 Applicant Information

1. Name (please print):

Check one:  Mr.  Mrs.  Miss  Ms.  Dr.

\_\_\_\_\_  
Last First Middle or Middle Initial

2.  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. Home Address (if it is different than the Mailing Address in Question #3):

\_\_\_\_\_  
Street and Number Suite No.

\_\_\_\_\_  
City/Town Province Postal Code

6.

\_\_\_\_\_  
E-mail address (please include to expedite the application process)

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

### Section 2 Party To Be Insured

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

1. Name (please print):

Check one:  Mr.  Mrs.  Miss  Ms.

\_\_\_\_\_  
Last First Middle or Middle Initial

2.  Male  Female

3. Birthdate:        
Day Month Year

4. A. I am licensed or will be licensed in the following province(s):

\_\_\_\_\_  
\_\_\_\_\_

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

Day Month Year

## Section 2 Party To Be Insured (Continued)

5. Status (All parts to be fully completed):

Does your dentist employer directly supervise you<sup>†</sup> at ALL times?

- No – If NO, you do NOT qualify for Malpractice Insurance from the Program.
- Yes – If YES, and you work for a licensed dentist, you can qualify for Malpractice Insurance from the Program. You must have the dentist you work for sign below to indicate that he/she directly supervises you at all times.

\_\_\_\_\_  
Dentist's Name

\_\_\_\_\_  
Street and Number

\_\_\_\_\_  
Suite No.

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
Date

<sup>†</sup>This includes that the dentist completes the initial oral examination of the patient in each case, authorizes any and all procedures you perform (for which you have been formally trained and which you are legally authorized to perform), and is in the same dental office as you while you work.

## COVERAGE APPLIED FOR

### Section 3 Coverage Details

1. Effective date of coverage: 

Day	Month	Year	Year	Year	Year	Year	Year	Year	Year

Dental therapists are offered coverage in the amount of \$2-million per claim with an annual aggregate of \$6-million per calendar year and a deductible of \$500. If approved by the insurer, coverage is effective on the date a valid application is received by CDSPI, or on the Effective Date shown on the application if it is later than the date of receipt. For information please call CDSPI.

## DECLARATION AND AUTHORIZATION

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

Malpractice Information: I agree that information on claims made against my Malpractice policy 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	Year	Year	Year	Year	Year	Year	Year

Note: Eligibility for coverage is limited to dental therapists resident in Canada excluding the province of Quebec, who are employed by, or under contract to, and who perform dental services only when under the direct 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.



## **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).