

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.

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. Principal residence address (if other than above):

Street and Number Suite No.

City/Town Province Postal Code

5.

Business Telephone Home Telephone

Mobile Telephone Fax

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

9. STATUS (check one and provide details):

A. ☐ Retired Dentist

B. ☐ 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: _____

C. ☐ Student

Name of University or Dental Faculty: _____

D. ☐ Dental Staff Member

Name of Employer: _____

E. ☐ Employee of Dental Association

Name of Association: _____

F. ☐ Immediate family member of eligible person

Occupation: _____

Name of eligible member: _____

Eligible relation's relationship to you: _____

Membership Status of eligible relation:

☐ Dentist ☐ Dental student

☐ Staff (Employer is: ☐ Provincial/Territorial Dental Association* Member)

☐ CDA Member

* Excluding the ACDQ in Quebec.

☐ Association employee

COVERAGE APPLIED FOR

Section 2

Details

1. Amount of Personal Umbrella Liability Insurance applied for at this time:
- ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000

Section 3

Existing Insurance

1. A. Personal Liability: (normally under the Homeowners/Tenants policy)

List all your current primary personal liability policies which you would like to be covered by the Personal Umbrella Liability Insurance plan. Each policy must be for a minimum of \$1,000,000 coverage in order to qualify as underlying insurance.

Insurance Company Name (not agent/broker name)	Limit (\$) (You must have a minimum of \$1,000,000)	Policy No.	Expiry Date (Day/Month/Year)

- Note: If necessary, attach a separate page and sign and date it.
- B. Do you own any other residences, cottages, or recreational properties? ☐ Yes ☐ No
- C. If you answered “Yes” to question 1B, please provide the full address for each below: (If you need more space, please attach an extra sheet and sign and date it.)
- _____
- _____

Note: Coverage does not apply to any liability arising out of the ownership by the Insured of real property located outside Canada.

2. A. Automobiles/Motorized Vehicles:

List all policies covering private passenger automobiles, motorcycles and recreational vehicles* owned by or leased to you or any members of your household.** Each policy must be for a minimum of \$1,000,000 coverage in order to qualify as underlying insurance. **(Vehicles registered in a company name are not covered under this policy, except vehicles for personal use only.)**

Insurance Company Name (not agent/broker name)	Limit (\$) (You must have a minimum of \$1,000,000)	Policy No.	Expiry Date (Day/Month/Year)

- NOTE: If necessary, attach a separate page and sign and date it.
- B. Does your automobile policy include clause OPCF 44/SEF 44 uninsured or underinsured motorists, called Family Protection Endorsement in some provinces? (not applicable in B.C., Quebec or Manitoba). *(If you are unsure, refer to your policy or ask your agent/broker)*
- ☐ Yes ☐ No (If No, you are not eligible for this option.)
- NOTE: All applicants except those in B.C., Quebec or Manitoba must answer Questions 2. B and 2. C.
- C. If Yes, provide liability limit: \$ _____

* Coverage does not apply to any liability arising from the ownership of any automobile which is licensed outside of Canada.

Section 4 Vehicle Use

1. A. Please list the names and ages of all drivers in your household:**

Name (Last, First, Middle or Middle Initial)	Age

B. Have you or any members of your household had your/his/her driver's license suspended or revoked or insurance coverage cancelled in the past three years? ☐ Yes ☐ No

C. If Yes, please explain:

2. A. How many automobiles/motorized vehicles* are owned by, leased to or used by you or members of your household? _____

B. Do you or any drivers in your household own a motorcycle, ATV or snowmobile? ☐ Yes ☐ No

C. Do you or any members of your household own watercraft(s)? ☐ Yes ☐ No

3. A. Have you or any member of your household experienced any previous liability losses of \$10,000 or more in the past five years?
☐ Yes ☐ No

B. If Yes, please provide details, giving insurer, policy number, date, amount of loss and a brief description:

(If you need more space, please attach a separate sheet and sign and date it.)

* Coverage does not apply to any liability arising from the ownership of any automobile which is licensed outside of Canada.

** Post-secondary students age 25 and under, who are financially dependent and living away from home temporarily to attend university or college, are considered to be part of your household.

Continued... ►

DECLARATION AND AUTHORIZATION

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

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


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

NOTE: Eligibility for coverage or increased coverage is limited to individuals resident in Canada who are members of the CDA or a participating provincial or territorial dental association (in Quebec, only CDA members are eligible). Employees of eligible dentists and their eligible family members resident in Canada and employees of specified dental organizations (including the CDA and participating provincial or territorial dental associations) are also eligible. In Quebec, eligibility for coverage or increased coverage is limited to members of CDA and their employees, and their eligible family members.

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** Personal Umbrella Liability Insurance is underwritten by Aviva Insurance Company of Canada.

20-29 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.