

# Professional Liability Application – CDA Volunteer Event

The Dentists Insurance Company  
1201 K Street, 17th Floor, Sacramento, CA 95814



Please type or print

Requested Coverage Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Contact and Other Professional Information:

Last Name	First Name	M.I.	Prof. Designation
Date of Birth	Social Security No.	Dental School	Year Graduated
Mailing Address	City	State	ZIP
Email Address			
Phone No.	Alternate Phone No.		
Dental License No.	State	Exp. Date	
ADA No.			

## Volunteer Event Information:

Name of Event		
Program Sponsor Contact		
Local Dental Society		
Location of Event	Duration of Event	Dates of Your Service

## Policy Information:

Are you providing professional dental services outside of your volunteer activities as described above?  Yes  No

Do you currently own a dental practice?  Yes  No

Do you currently have an active professional liability policy?  Yes  No

If **yes**, please attach a current declarations page from your current carrier.

I understand that to be eligible for this program I cannot receive compensation in excess of actual expenses I incur. I also understand that I will be subject to all policy provisions, exclusions and territorial definitions contained in the TDIC Professional and Business Liability Policy.

Print Name	Signature of Applicant	Date (mm/dd/yy)
------------	------------------------	-----------------

**Return this application by mail or fax.**

**Mail to:** The Dentists Insurance Company  
1201 K Street, 17th Floor  
Sacramento, CA 95812-1582

**Fax to:** 916.554.5957