

# Volunteer Dentist Supplemental Application

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



In addition to the TDIC professional liability application, please complete this application for each location where you intend to volunteer to provide your services.

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
TDIC use only

## 1. Name and Address

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

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Telephone Number Social Security Number Dental Association Number

## 2. Project or Program Information

Name, address, city, state and telephone number of Project or Community Service Program.

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

Average number of hours per month you will be volunteering: \_\_\_\_\_

List all agencies that sponsor this program: \_\_\_\_\_

\_\_\_\_\_

## 3. Type of practice

Please describe the type of dental services or duties you are expected to provide for this program.

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

**NOTE: YOU MUST INCLUDE A COPY OF ANY AGREEMENT OR CONTRACT OR A LETTER FROM THE PROGRAM DIRECTOR OUTLINING YOUR RESPONSIBILITIES.**

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 & DENTAL BUSINESS LIABILITY POLICY. I AGREE TO NOTIFY TDIC IMMEDIATELY IF I ACCEPT A PAID POSITION AT THIS OR ANY OTHER LOCATION. ANY PAID POSITION MAY REQUIRE A CHANGE IN MY DENTAL ASSOCIATION MEMBERSHIP STATUS, MY DENTAL LICENSE FEE AND WILL REQUIRE A CHANGE TO A NON-VOLUNTEER PROFESSIONAL LIABILITY POLICY. I ALSO UNDERSTAND THAT TDIC HAS THE RIGHT TO AUDIT MY PROFESSIONAL ACTIVITIES.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date