

Note: You must be a member in good standing with your provincial regulatory body.

APPLICANT INFORMATION

1. **Full Name of Applicant:** _____

Address: _____

Email Address: _____ **Telephone:** _____ **Fax:** _____

2. **Are you a registered member in good standing with the provincial regulatory body?** _____

If Yes, confirm your registration or membership number.: _____

Please note that this insurance program applies solely to dental technician services, as set out by the regulatory college.

3. **Confirm whether you:** _____

INSURANCE OPTIONS FOR INDIVIDUAL MEMBERS:

All of Trisura's policyholders are provided with access to the **Enhanced Legal Services Package for no additional premium**, including:

- **Legal Assistance Helpline:** Unlimited real legal assistance and information whenever you need it.
- **Human Resources (HR) Assistance:** Connect with certified HR professionals for support on workplace issues.
- **Legal Document Review:** Submit up to 12 legal documents per policy period (up to 8 single-sided pages each) to be reviewed and commented on by a lawyer.
- **Simple Legal Letter Drafting:** Request up to 12 simple legal letters per policy period—such as demand letters, complaint letters, travel consent letters for a child, resignation letters, or warning letters to employees—drafted on your behalf by a lawyer.
- **Online Legal Document Centre:** Access an unlimited library of customizable legal templates, including wills, powers of attorney, employment contracts, and service agreements, ready to adapt for your specific needs.

4. **Professional Liability** — select one of the options below:

Professional Liability Insurance			
Option	Limits of Liability	Deductible	Annual Premium
	\$1,000,000 per Claim / \$1,000,000 Aggregate	\$500	\$260
	\$2,000,000 per Claim / \$2,000,000 Aggregate	\$500	\$370

5. **Commercial General Liability** — if you are an Independent Contractor, you may also need to purchase Commercial General Liability Insurance (CGL).

Select one of the Limits below, if you wish to purchase this coverage:

Commercial General Liability Insurance			
Option	Limits of Liability	Deductible	Premium per Member
	\$2,000,000 per occurrence	\$500	\$175
	\$3,000,000 per occurrence	\$500	\$255

ADDITIONAL INSURANCE OPTIONS FOR DENTAL TECHNICIAN BUSINESSES:

If you own/operate a dental technician business, you may need to purchase additional insurance coverage for your business operations. Please note that this insurance program applies solely to **dental technician services**.

Please confirm the following information about your dental technician business:

6. **Full Legal Name of Business:** _____

Applicant's Business is: _____

Location Address of Business: _____

7. Confirm the number of staff employed. This includes all full-/ part-time professionals and contractors:

- a) Number of support staff/clerical employees (e.g. receptionist, etc.): _____
- b) Number of Registered Dental Technologists: _____
- c) Number of **non**-registered technicians: _____

8. **Professional Liability** — Please select your desired limits of liability.

Entity Professional Liability			
Option	Limits of Liability	Deductible	Premium per Member
	\$1,000,000 per claim/\$1,000,000 aggregate	\$500	TBC
	\$2,000,000 per claim/\$2,000,000 aggregate	\$500	TBC

9. **Entity Commercial General Liability (Optional)** – If you rent or lease commercial space for your business, you may purchase Commercial General Liability Insurance (CGL).

Contents of Every Description		
Option	Limits of Insurance	Annual Premium
	\$25,000	\$250
	\$50,000	\$325
	\$100,000	\$475
	\$150,000	\$670

10. **Cyber Liability Package (Optional)** – The first option is offered at no additional cost.

Option	Per Claim Limits of Liability		Overall Aggregate Limit of Liability	Deductible	Annual Premium
	1 st Party Expense Coverage – Privacy Breach	3 rd Party Liability Coverage – Network Security			
	\$0	\$25,000	\$25,000	\$500	Included
	\$25,000	\$50,000	\$50,000	\$500	\$50

11. List all locations at which business is conducted:

Full Location Address	Rent or Own

INSURANCE HISTORY

12. a) Has any insurance been refused or cancelled in the past five years? _____

b) Has the Applicant, or any of the Applicant's employees, ever been investigated by, or suspended from practice by, any governing body of his/her profession? _____

c) Does the Applicant or any other person proposed for this insurance have knowledge or information of any claim, demand, occurrence, suit, or proceeding which has been made or is pending against any insured proposed for coverage under the proposed insurance? _____

d) Have there been any suits, claims, occurrences (including allegations) made against the Applicant or any other person proposed for this insurance in the last five years? _____

If Yes to any of the above, attach details in a separate document.

THE APPLICANT DOES HEREBY PROVIDE THE FOLLOWING WARRANTY TO THE INSURER

13. Does the Applicant, any of the Applicant's employees or any other person proposed for this insurance have knowledge or information of any fact, circumstance or situation which could reasonably give rise to a claim which would fall within the scope of the proposed insurance? _____

If Yes, provide details: _____

It is understood and agreed that if knowledge of any such facts, circumstances or situations exists, whether or not disclosed, any claim or action subsequently arising or developing therefrom shall be excluded from coverage under any policy issued by Trisura Guarantee Insurance Company.

IMPORTANT NOTICE TO APPLICANT

FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals information concerning any fact material thereto for the purpose of misleading any insurance company or other person, commits a fraudulent insurance act which is a crime.

DECLARATIONS AND SIGNATURE

The undersigned authorized representative of the Applicant:

- i. declares, after inquiry, that the statements and representations set forth in this Application, and all materials submitted to or requested by the Insurer in conjunction with this Application, are true;
- ii. acknowledges that these statements, representations, and materials are relied on by the Insurer and that they shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be effected;
- iii. agrees that if the information supplied in connection with this Application changes between the date of this Application and the effective date of any insurance effected pursuant to this Application, the undersigned will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding indications, quotations and/or authorization or agreement to effect the insurance; and

- iv. acknowledges that any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

Signing of this Application does not obligate the Applicant or the Insurer to effect the insurance, but it is agreed that all materials submitted to or requested by the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Terms and conditions, including limits of coverage, offered by the Insurer may differ from those applied for by the Applicant.

It is further agreed that this Application and all materials submitted to or requested by the Insurer in conjunction with this Application are the basis of and are deemed attached to and incorporated into any policy effected pursuant to this Application.

PLEASE NOTE: COVERAGE CANNOT BE BOUND UNLESS THIS APPLICATION HAS BEEN FULLY COMPLETED AND DULY SIGNED AND DATED, AND THE PREMIUM HAS BEEN PAID IN FULL.

Name: _____ Date: _____

Applicant's Signature: _____ Title: _____

