

Professional Liability Application - PDA Volunteer Event

Requested coverage effective date ____/____/____

Contact and Other Professional Information:

Name (please print) _____
Prof. Designation _____ Date of Birth ____/____/____
Mailing address _____
Email address _____
Social Security Number _____
Phone number _____
Dental School _____ Year Graduated _____
License No. _____ State _____ Expiration 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 providing professional dental services outside your volunteer activities as described above?
o Yes o No

Do you currently own a dental practice? o Yes o No

Do you currently have an active professional liability policy? o Yes o 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.

Signature

Date

Fax completed application to 717-234-4163