

# 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?  
 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.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Fax completed application to 717-234-4163**