

Professional Liability Application – PDA 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)
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Fax completed application to 916.554.5957