

For assistance in filling out this application call: **CDSPI Advisory Services Inc.**

1.800.561.9401 or 416.296.9401, E-mail: insurance@cdspi.com

Please complete all pertinent questions to avoid processing delays and return to:

**CDSPI**, 155 Lesmill Road, Toronto, ON M3B 2T8 Fax: 1.866.337.3389 or 416.296.8920

## INDIVIDUAL INFORMATION \*Student Practitioner Program

### Section 1 Applicant Information and Party To Be Insured

1. Name (please print):

Check one:  Mr.  Mrs.  Miss  Ms.

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

2. Gender \_\_\_\_\_

3. Birthdate: 

Day	Month	Year							

4. Mailing Address:

\_\_\_\_\_  
Street and Number Suite No.

\_\_\_\_\_  
City/Town Province Postal Code

5. \_\_\_\_\_  
Business Telephone Home Telephone

\_\_\_\_\_  
Mobile Telephone Fax

6. \_\_\_\_\_  
E-mail address (please include to expedite the application process)

7. STATUS: Student

*Coverage applies only to professional services performed while working under the direction or supervision of a licensed dentist.*

8. Account Number, if known: 

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9. Language Preference:  English  French

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