

## Applicant's Declaration: Professional Liability Insurance Coverage

Use this form to make an applicant's declaration to the College if:

- you hold Professional Liability Insurance (PLI) coverage that meets the required criteria as described below; and,
- you do not have a copy of the PLI policy certificate or written confirmation from the Insurer.

You must submit this completed Applicant's Declaration: Professional Liability Insurance Coverage with your application for registration or practice permit renewal. In the online application, when you are asked to include a copy of your proof of PLI coverage, upload this completed form.

When we receive your completed Applicant's Declaration: Professional Liability Insurance Coverage, we may accept it as evidence that you hold the required PLI.

### Professional Liability Insurance Criteria

Below are the minimum requirements which must be included in a policy of professional liability insurance to comply with sections 9 and 10(b) of the *Dental Assistants Profession Regulation*.

- Name of the insured must be the same as the name of the applicant;
- Coverage is written on an occurrence form;
- Insured for a minimum of at least two-million dollars (\$2,000,000.00) per occurrence; and,
- Annual aggregate limit is at least three million dollars (\$3,000,000.00).

Employer coverage is not acceptable unless your name is specifically listed on the policy.

### Applicant/Insured's Information

First Name \_\_\_\_\_ Registration Number, if applicable# \_\_\_\_\_

Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Province/Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Policy Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Effective Date \_\_\_\_\_ Policy Expiry Date \_\_\_\_\_

## Applicant/Insured's Declaration

By signing this form and checking the boxes below, I agree to and declare that:

- It is my responsibility to hold professional liability insurance coverage in the type and amount required by the Council of the College of Alberta Dental Assistants, and that to provide false or misleading information related to my professional liability insurance coverage is a breach and may lead to allegations of professional misconduct.
- The information I have given and made part of this *Applicant's Declaration: Professional Liability Insurance Coverage* is true and correct in every aspect.

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Applicant/Insured Signature

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Date (MM/DD/YYYY)

## Broker/Insurer Information

First and Last Name of Insurance Broker \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

## Broker/Insurer Declaration

By signing this form and checking the box below, I acknowledge and agree that:

- The applicant/insured indicated above holds an individual professional liability insurance policy as described above and the policy meets all minimum requirements as set out in the PLI criteria listed above in this *Applicant's Declaration: Professional Liability Insurance Coverage*.

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Broker/Insurer Signature

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Date (MM/DD/YYYY)