

## APPLICATION

# Canadian Association of Equine Dental Practitioners



## [ SECTION 1: APPLICANT INFORMATION

1. Name of Insured: \_\_\_\_\_
2. Principal: \_\_\_\_\_
3. Operating Name of Business/Farm: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Risk Location (Legal Address): \_\_\_\_\_
6. Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
7. Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

## [ SECTION 2: UNDERWRITING INFORMATION

1. Are you a current member of CAEDP (Canadian Association of Equine Dental Practitioners)  Yes  No
2. Do you operate under a Corporate or Ltd. Company? If yes, enter name: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Graduate of Equine Dental Educational Facility: \_\_\_\_\_
5. Years of experience: \_\_\_\_\_
6. Annual Gross Receipts: \$ \_\_\_\_\_
7. Is this a full time or part time business?  Full time  Part Time
8. Number of Employees: \_\_\_\_\_ Are Employees Certified and Members of CAEDP?  Yes  No
9. Do you participate in clinics, seminars, continuing education on a regular basis?  Yes  No
10. Do you host or co-host any clinics or seminars?  Yes  No
11. Do you have a dental chart for each horse you work on and is this information kept for regular updates and reference?  Yes  No
12. Do you use x-ray equipment for your dental assessment?  Yes  No
13. Do you use sedation?  Yes  No

**[ SECTION 3: INSURANCE & LOSS HISTORY INFORMATION**

1. Previous Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Property Damage Deductible on prior policy?  Yes  No Amount: \_\_\_\_\_
2. Claims Experience. Describe all liability losses or incidents paid, or reserved, since the Insured has been working in his field (include dates and amounts):  
 \_\_\_\_\_
3. Effective Date: \_\_\_\_\_
4. Limits of Insurance desired:  
 \$1,000,000  \$2,000,000  \$3,000,000  \$5,000,000

**[ SECTION 4: OTHER INFORMATION**

Please provide any other information you feel would assist in the evaluation of your application:

**[ SECTION 5: DECLARATION**

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

\_\_\_\_\_  
 Applicant's Name (Please print)

\_\_\_\_\_  
 Title/Position

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date (MM/DD/YYYY)

## BROKER CONTACT INFORMATION

Agent Name: \_\_\_\_\_ Brokerage Name: \_\_\_\_\_  
Agent Email: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ City/Province: \_\_\_\_\_  
Fax: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**SUBMIT****RESET****PRINT**