

# Volunteer Dentist Supplemental Application

The Dentists Insurance Company  
1201 K Street, 17th Floor, Sacramento, CA 95814



In addition to the TDIC Professional Liability application, please complete this application for each location where you intend to volunteer to provide your services.

TDIC use only: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## 1. Name

\_\_\_\_\_  
Last Name First Mi

### Mailing Address:

\_\_\_\_\_  
Street Address City County State Zip

\_\_\_\_\_  
Telephone Tax ID /SSN ADA Number

## 2. Project or Program Information

Name, address, city, state and telephone number of Project or Community Service Program.

\_\_\_\_\_  
\_\_\_\_\_

Average number of hours per month you will be volunteering:

\_\_\_\_\_

List all agencies that sponsor this program:

\_\_\_\_\_  
\_\_\_\_\_

## 3. Type of practice

Please describe the type of dental services or duties you are expected to provide for this program.

\_\_\_\_\_  
\_\_\_\_\_

**Note:** You must include a copy of any agreement or contract or a letter from the program director outlining your responsibilities.

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 & Business Liability policy. I agree to notify TDIC immediately if I accept a paid position at this or any other location. Any paid position may require a change in my dental association membership status, my dental license fee and will require a change to a non-volunteer professional liability policy. I also understand that TDIC has the right to audit my professional activities.

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