



## Registration Undertaking Form

*This form must accompany an application for a Certificate of Registration.*

I, \_\_\_\_\_, understand that as a member of the College of  
[print name]

Denturists of Ontario and pursuant to Article 32.01 of the College By-laws, I am required to have professional liability insurance that meets the following requirements:

- (i) a minimum of no less than \$1,000,000 per occurrence;
- (ii) annual aggregate coverage of no less than \$5,000,000;
- (iii) a deductible of no more than \$1,000 per occurrence;
- (iv) run-off coverage (enduring or tail coverage) for a minimum of three (3) years; and
- (v) the insurance is provided by an insurer licensed with the Financial Services Commission of Ontario, the office of the Superintendent of Financial Institutions Canada, or a body outside of Ontario that the Registrar considers substantially equivalent to the Financial Services Commission of Ontario.

I declare that I am eligible for professional liability insurance coverage.

I undertake to obtain Professional Liability Insurance and provide proof of coverage to the Registrar of the College of Denturists of Ontario within 30 days after my registration is approved.

I understand that the Registrar shall not issue the Certificate of Registration until actual proof of coverage is received.

I agree not to provide Denturist Services until the required Professional Liability Insurance coverage is obtained and proof is provided to the College.

**Signature**

**Date (mm/dd/yyyy)**

### Form Submission

**Submit the completed form to :** College of Denturists of Ontario  
Attn: Registration  
365 Bloor Street East, Suite  
1606 Toronto, ON M4W 3L4