



**ADTO**  
Association of Dental  
Technologists of Ontario



**Declaration Of ADTO's  
Errors & Omissions Liability Insurance Program  
September 1, 2023 to September 1, 2024**

Policy Number: 501248502

Intact Certificate # \_\_\_\_\_

Certificate Holder's Name \_\_\_\_\_

This is to confirm that during the last year, I have not changed my occupation or level of Certification and am continuing in the same capacity as declared on the original application for this insurance.

Are you aware of any facts or circumstances, which may give rise to a claim under your professional liability insurance?

Yes                       No

*Please check yes or no. Do not leave this blank.*

If your answer is "Yes", it is imperative that you immediately notify Lawrie Insurance Group, the Association's broker at 1-800-661-1518 to determine whether a claim report should be filed. Failure to report a claim or a potential claim may negate coverage.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_