Statement of Disclosure
Business Interests and Activities and Confirmation of Understanding
and Acceptance of Policies Regarding Gifts, Conflicts, Confidentiality,
Professional Conduct and Prohibition Against Harassment

Name: _______________________________________________________________________________ _________________

Position(s): ______________________________________________________________________________________________

Instructions: Please complete each question to the best of your knowledge. You may list your answers directly on this form or
you may provide your answers on a separate sheet of paper. As used in this form:

- The term “CDA-Company” means the CDA, the CDA Holding Company, Inc., The Dentists Insurance Company, TDIC
  Insurance Solutions, CDA Foundation, CDA Rotunda Partners, LLC, and CDA PAC.

- The term “material financial interest” means (i) a financial ownership interest of 5% or more; (ii) a financial
  ownership interest which contributes materially to your income; or (iii) a position as proprietor, director, managing
  partner, or key employee.

- The term “immediate family” means your spouse, domestic partner, parents, children, siblings, mothers- and fathers-
  in-law, sons- and daughters-in-law, brothers- and sisters-in-law, and anyone sharing your home.

1. Do you or any members of your immediate family hold or plan to hold a material financial interest in any business,
consultancy, organization, or any other service-providing entity, which furnishes or is seeking to furnish goods or
services, does business with or is seeking to do business with, or has an adversarial relationship to any CDA-Company?
   Yes ☐ No ☐

   If yes, please list the name of each business and the type of goods or services involved:
________________________________________________________________________________________________________
________________________________________________________________________________________________________

2. Do you hold or plan to hold a material financial interest in any health care business or health care facility, including any
entity licensed by a state pharmaceutical board, but excluding a private dental practice?   Yes ☐ No ☐

   If yes, please list the name of each business or facility and provide a brief description of the type of business or facility.
________________________________________________________________________________________________________

3. Are you, or do you anticipate becoming within the next 12 months, a consultant, employee, or agent of a manufacturer or
seller of dental or dentally related products or services, an insurance company, or a provider of insurance related products
or services?    Yes ☐ No ☐

   If yes, please list the name of each company, position held, and term of position, including the same information for any
anticipated position. If the manufacturer, distributor, or provider is not a nationally known company, please provide a brief
description of the company.
________________________________________________________________________________________________________

4. Are you, or do you anticipate becoming within the next 12 months, a trustee, director, officer, council or committee member,
employee, or consultant of any health care organization or health-related professional society, an insurance company, or a
provider of insurance related product or services? Yes ☐ No ☐

   If yes, please list the name of each organization, position held, term of position, including the same information for any
anticipated position. If necessary, please provide a brief description of the organization.
________________________________________________________________________________________________________
5. Do you hold, or do you anticipate holding within the next 12 months, any faculty appointments? Yes ☐ No ☐

   If yes, please list the name of each institution, position held, and term of appointment.

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

6. Are you involved in, or do you anticipate becoming involved in, public representation and advocacy, or being a spokesperson for any product or company, including lobbying on behalf of any organization (other than CDA)? Yes ☐ No ☐

   If yes, please list the name of each organization and describe the nature of the activities in which you are or will be involved.

________________________________________________________________________________________________________
________________________________________________________________________________________________________

7. Are you involved in any other personal relationship, activity, or interest which may raise a conflict of interest or impair your objectivity on policies or issues of any CDA-Company? Yes ☐ No ☐

   If yes, please describe each relationship, activity, or interest.

________________________________________________________________________________________________________
________________________________________________________________________________________________________

I have read the CDA-Company Policy Involving Gifts, Conflicts, Confidentiality, Professional Conduct and Prohibition Against Harassment and I understand that document. I agree that I will comply with both the letter and spirit of that Policy. I understand that as a condition for serving in an elective or appointive position with a CDA-Company, I am expected to exercise particular care that no detriment to the organizations will result from any conflicts between my interests and those of the organizations.

I have completed this statement of disclosure fully and accurately to the best of my knowledge and belief, and I understand that I must promptly disclose to the CDA legal department any changes in the information encompassed within that statement, or of any situation of which I become aware creating an actual or potential conflict of interest or violation of the Policy.

________________________________________________________________________________________
Signature of Applicant                                                                  Print Name                                                                             Date (mm/dd/yyyy)

For TDIC/TDIC Insurance Solutions Board members only:

If I am a director, officer, or committee member of The Dentists Insurance Company or TDIC Insurance Solutions, I hereby certify that I have not been convicted of a misdemeanor or felony involving dishonesty or a breach of trust, and that there has been no action taken against my professional license by the licensing agency, if applicable, such as revocation, suspension, or board orders.

________________________________________________________________________________________
Signature of Applicant                                                                  Print Name                                                                             Date (mm/dd/yyyy)

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