

Dental Malpractice Application Form

Introduction

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance. Following a reasonable search you must provide us with all information which may be material to the cover we offer in a clear and accessible manner. Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you. If you are in any doubt whether a fact or circumstance is material you should disclose it.

This form should be completed by the applicant who should make all the necessary enquiries to enable our questions to be answered. If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form. Once you have completed the form please return it to proprotect@m-i-c.co.uk.

Your Details

1.1) Please advise your full name and home address as it will appear on the policy documentation

1.2) What is your Date of Birth?

1.3) What is your contact email address?

1.4) What is your position within the dental practice?

Practice Owner/Principal

Self-employed Associate

Salaried Employee

1.5) In which country did you gain your dental qualifications?

1.6) In which year did you qualify?

1.7) What is your GDC registration number?

1.8) What is your current GDC registration status?

Registered

Registered with Conditions

If with conditions, please advise:

1.9) How did you hear of us? Practice Manager

eShot

my dentist marketing

Website

other

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Practice Details

2.1) What is your contact telephone number?

2.2) What is your practice address?

2.3) Do you require cover under this policy for any clinical employees or Dental Care Practitioners (DCPs)?

Yes

No

Please provide details required incl Name, role, GDC number for each DCP. Other dentists cannot be added to this policy.

Risk Details

3.1) Please advise your total annual gross income from all activities £

3.2) Approximately how much of your practice relates to paediatric work? %

3.3) Do you engage the services of any additional risk management providers? Yes If

No

Yes, please provide details

3.4) Please provide a breakdown by fee income of your clinical activities. Other than General Dentistry these are specialist activities. There is a policy exclusion for Oral & Maxillofacial surgical procedures, although we can consider an application under our surgeons product for these activities.

General Dentistry %

Oral and Maxillofacial Surgery %

Orthodontics %

Implants: %

Endodontics: %

Legal Report Writing: %

Periodontal: %

Other (please specify): %

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Insurance Details

4.1) The standard limit of liability is £5 million, what limit do you require?

£5,000,000 £10,000,000

4.2) Please advise the inception date / the date you wish to start your policy

4.3) Do you have or are you aware of a retroactive date on your existing insurance?

Yes No

If yes, what is your current retroactive date?

4.4) Have you ever had any claims, complaints or disciplinary actions/investigations either in the UK or overseas?

Yes No

If **Yes**, please provide full information below, including copies of relevant correspondence. The amounts should include legal costs and any sums reserved against outstanding matters. Please include all previous matters including any occasions in the past when you have contacted a previous indemnity provider for assistance. You will have to provide a Letter of Good Standing and/or your claims experience within 60 days of policy inception.

Claim / Complaint or Disciplinary?	Year	Amount paid and reserved (£)	Description of circumstances

4.5) Are you aware of complaints or circumstances which may give rise to an investigation or disciplinary action by a regulator, employer or healthcare trust that may be covered under this Policy?

Yes No

If Yes, please provide full information below, including copies of relevant correspondence.

Statement

5.1) Do you undertake any procedures using general anaesthetic?

Yes No

5.2) Have you been practicing in the UK for the last 2 years?

Yes No

5.3) Do you have any plans to retire within the next 5 years?

Yes No

5.4) Do you work as a locum?

Yes No

5.5) Do you always obtain valid consent before you start to treat a patient?

Yes No

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5.6) Have you ever had an application for insurance or indemnity refused, cancelled, non-renewed or had special terms imposed by any insurer or indemnity provider?

Yes No

If Yes, please provide details

5.7) Have you been convicted of any criminal offence or received a formal police caution, other than any spent under the Rehabilitation of Offenders Act 1974?

Yes No

If Yes, please provide details

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

Signed:

Full name:

Date:

Data Protection Act – All personal information supplied by you will be treated in confidence by Dentist ProProtect and its agents and will not be disclosed to any third parties except where it is necessary in order to provide you with a quotation, your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in the data systems of Dentist ProProtect or our agents or subcontractors.