



Dental Practice Absence Insurance Enquiry Form

Step 1 – To obtain a Locum quotation please complete the sections below.

Step 2 – For us to contact you nearer to your renewal date please complete Renewal Date.

Step 3 – Return the completed form to DIA, Park House, 45 The Park, Yeovil, Somerset, BA20 1DF or by fax to 01935 422120 or by email to enquiries@m-i-c.co.uk

Practice Details

| | | | |
|----------------|--|--------|--|
| Practice Name: | | | |
| Contact Name: | | | |
| Address: | | | |
| Tel. No: | | Email: | |

Dental Practice Absence Insurance Requirements

| Name | Gender M/F | Date of Birth | Weekly Benefit | Deferred Period |
|----------------------------------|------------|---------------|-------------------------|-----------------|
| | | / / | £ | weeks |
| | | / / | £ | weeks |
| | | / / | £ | weeks |
| | | / / | £ | weeks |
| | | / / | £ | weeks |
| | | / / | £ | weeks |
| | | / / | £ | weeks |
| | | / / | £ | Weeks |
| Current / Renewal Premium | £ | | Current Provider | |

Dental Practice Absence Renewal Date/...../..... (Insert date). We will contact you prior to this date.

I would also like a quotation for the following (please complete for each product):

- Surgery Insurance Renewal Date/...../.....
- Medical Malpractice Renewal Date/...../.....
- Staff Absence Insurance Renewal Date/...../.....
- Home Insurance Renewal Date/...../.....
- Landlords Insurance Renewal Date/...../.....
- Income Protection (PHI) Life &/or Critical Illness
- Partnership Protection Legal Expenses

FOR FURTHER INFORMATION CALL OUR ADVICE LINE ON FREEPHONE 0800 163870

Dental Insurance Agency • Park House • 45 The Park • Yeovil • Somerset • BA20 1DF

T: 01935 424 085 • F: 01935 422 120 • E: enquiries@m-i-c.co.uk • W: www.m-i-c.co.uk

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