MEDI|GUARD

MEDICAL MALPRACTICE DENTAL

Proposal Form

IMPORTANCE NOTICE TO THE PROPOSER:

It is important that you provide us with all the information that Insurers require to be able to provide a quotation. Any 'material fact' any information which may alter the judgement of an insurer in assessing the risk must be disclosed to the Insurers. Any 'material change or information' must be disclosed to the Insurers. A 'material change' is any information which may alter the judgement of an Insurer that has not previously been disclosed as a material fact.

HOW TO COMPLETE THIS FORM:

This proposal form must be completed in black ink by the proposed individual. 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.

Please note that in addition to this we will need an updated copy of your 'Letter of Good standing' which can be requested by yourself from your Mutual Defence Organisation.

SECTION A – PERSONAL

FULL NAME:		DATE OF BIRTH:	
PRACTICE ADDRESS:	POSTCODE:		
HOME ADDRESS:	POSTCODE:		
MOBILE TEL NO:		PRACTICE TEL NO:	
EMAIL:			
NATIONALITY:		GENDER:	

SECTION B: QUALIFICATIONS:

DENTAL QUALIFICATION:		YEAR OF QUALIFICATION	
NAME OF UNIVERSITY/DENTAL SCHOOL:			
COUNTRY OF QUALIFICATION:			

PLEASE CONFIRM IF YOU HAVE ANY POST GRADUATE QUALIFICATIONS OR HAVE ANY AREAS OF SPECIALIST TRAINING IN DENTISTRY:

GDC REGISTRATION NUMBER:

DATE OF REGISTRATION:

CURRENT REGISTRATION STATUS FULL/ LIMITED/ PROVISIONAL

SECTION C: PRACTICE DETAILS

1.1 Please state whether you are a:

i. Practice Owner/Principal Y ☐ N ☐

ii. Self-employed associate Y ☐ N ☐

iii. Salaried employee Y ☐ N ☐

1.2 Do you work as a Sole Practitioner? Y ☐ N ☐

1.3 Do you work as a Locum? Y ☐ N ☐

If yes please state how many practices do you cover?

1.4 Please state how many sessions you work per week? ☐

1.5 Please provide a breakdown of split of patients between NHS and Private:

NHS ☐ PRIVATE ☐

1.6 Please state your annual gross income (before expenses) in respect of the following:

	Last complete financial year	Estimate for the current financial year
Dental Practice, ex medico legal work		
Medico legal work (ex VAT)		
Other (please specify)……..		
Total:		

SECTION D: DENTAL ACTIVITIES:

2. Please provide a full breakdown of your dental activities, the total should equal to 100%.

General Dentistry %

Oral and Maxillofacial Surgery (If Yes please complete the attached dental addendum on page 8 %

Orthodontics: %

Implants: %

Endodontics: %

Periodontal: %

Prosthodontics: %

Paediatric Practice: %

Other (please specify) %

2.1 Do you provide any cosmetic procedures?

	Yes	No	Hours per week	Income
a) Teeth Whitening				£
b) Temporary derma fillers (e.g Restylan)				£
c) Botox				£
d) Veneers				£
e) Other				£

2.2 Please state what training you have undertaken in relation to the cosmetic procedures being carried out:

2.3 Please state if you belong to any Cosmetic Association. If so please declare which one:

2.4 Please state if you plan to retire or cease practice in the UK during the next 5 years? Yes No

If 'Yes', please can you advise details of your plans, including an approximate date?

SECTION E: CLAIMS EXPERIENCE

Please provide the following details

4.1 Are you aware of any complaints, claims or circumstances that have been brought or threatened against you, or any incident which could lead to such a complaint, claim or circumstance?	Yes ☐	No ☐
4.2 Are you aware of any circumstances, which could lead to disciplinary action or suspension from practice?	Yes ☐	No ☐
4.3 Are you aware of any circumstance, which could lead to an investigation, suspension, the imposition of conditions or restrictions on your registration or license to practice, or your removal from a professional register of your licence, by the relevant registration body?	Yes ☐	No ☐
4.4 Have you ever been subject to any form of disciplinary action?	Yes ☐	No ☐
4.5 Have you ever had any conditions to practice, been suspended from practice or dismissed from practice?	Yes ☐	No ☐
4.6 Have you ever been subject to any form of investigation by a registration body or equivalent in another country?	Yes ☐	No ☐
4.7 Have you ever been refused registration or licence to practice or been erased from registration or has your licence to practice been removed by a registrations body?	Yes ☐	No ☐
4.8 Have you ever had any restrictions or conditions imposed on your registration or licence to practice by a registration body?	Yes ☐	No ☐
4.9 Have you ever been subject to a Dental Defence Organisation Adverse Member Procedure?	Yes ☐	No ☐
4.10 Have you ever had your membership of a Dental Defence Organisation or similar refused, cancelled or non-renewed?	Yes ☐	No ☐
4.11 Has any Insurer declined to insure you, impose special terms, cancelled or decline to renew your insurance?	Yes ☐	No ☐
4.12 Have you ever been convicted of a criminal offence or received a formal police caution not spent under the Rehabilitation of Offenders Act 1974?	Yes ☐	No ☐
4.13 Have you ever been declared bankrupt or subject to insolvency proceedings, or entered in to any voluntary arrangements with creditors?	Yes ☐	No ☐

If you have answered "yes" to any of the above, please can you provide full details on the additional information page.

ADDITIONAL INFORMATION FOR SECTION E:

If you answered "yes" to any question in section E, please can you provide full details.

SECTION F : INDEMNITY HISTORY

3. Please advise of the first day cover is required: DD MM YEAR

3.1 *Please provide full details of previous cover – please include all since qualification*

Indemnity provider	Limit of Indemnity	Start Date	Excess	Premium

3.2 Please state limit of indemnity required (GBP):

3.3 Has prior cover been on a CLAIMS MADE basis? Yes No

If 'Yes' what are the retroactive dates?

SECTION G: DECLARATION

I declare that the statements and particulars contained in the proposal form are true and that I have not mis-stated or suppressed any material facts.

I agree that this proposal form together with any other information supplied by me shall form the basis of any contract of insurance effected thereon.

I undertake to inform Insurers of any material alterations to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after completion of the proposal form and throughout any period of insurance (any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signature ……

Print name ……

Date……

This proposal form, duly completed, together with any supplementary information, must be signed in ink. Signature of the form does not bind the Proposer or the Underwriters to complete this insurance.

Data Protection Act – All personal information supplied by you will be treated in confidence by GS London Markets Ltd and will not be disclosed to any third parties except in the process of providing insurance terms, unless your consent has be received or where permitted by law. In order to provide you with products and services this information will be held in the data systems GS London Markets Ltd or our agents or subcontractor.

ORAL AND MAXILLOFACIAL SURGERY

Do you undertake any Oral/Maxillofacial Surgery? If 'yes' please advise which you undertake and how many hours per week you are dedicated to such procedures:

☐ Yes ☐ No

LEVEL 1 – Surgery involving intral-oral tissues, teeth and tooth carrying bones including the following procedures:-							
i	Exodontia e.g. wisdom teeth removal, apicoectomies	☐	Yes	☐	No	If yes, hours per week	☐
ii	Minor Cyst removal from hard or soft tissue	☐	Yes	☐	No	If yes, hours per week	☐
iii	Placement of dental implants (excluding sinus lifts and bone augmentation which involve the floor of the sinus, or extra bone harvesting, all of which are regarded as maxillofacial procedures)	☐	Yes	☐	No	If yes, hours per week	☐
iv	Minor pre-prosthetic surgery.	☐	Yes	☐	No	If yes, hours per week	☐
LEVEL 2 – Surgery involving intra-oral tissues, teeth and tooth carrying bones, including Level 1 procedures as above, but also including sinus lifts and bone augmentation which involves the floor of the nose or sinus, or extra bone harvesting.		☐	Yes	☐	No	If yes, hours per week	☐
LEVEL 3 – Surgery Involving:							
i	Excision of maxilla	☐	Yes	☐	No	If yes, hours per week	☐
ii	Extra oral procedures to the face, head and neck including partial Thyroidectomy	☐	Yes	☐	No	If yes, hours per week	☐
iii	Hemimaxillectomy for malignancy	☐	Yes	☐	No	If yes, hours per week	☐
iv	Neck surgery including block dissection of cervical lymph nodes	☐	Yes	☐	No	If yes, hours per week	☐
v	Open reduction of zygomatic complex fracture	☐	Yes	☐	No	If yes, hours per week	☐
vi	Osteotomies (maxilla and/or mandible)	☐	Yes	☐	No	If yes, hours per week	☐
vii	Prosthetic replacement of temporomandibular joints including arthroplasty	☐	Yes	☐	No	If yes, hours per week	☐
viii	Reconstruction with axial and micro-vascular tips	☐	Yes	☐	No	If yes, hours per week	☐
ix	Rhinoplasty	☐	Yes	☐	No	If yes, hours per week	☐
x	Surgical treatment of thyroid and parathyroid glands	☐	Yes	☐	No	If yes, hours per week	☐
xi	Surgery involving the orbital complex	☐	Yes	☐	No	If yes, hours per week	☐