

INTRO

How to complete your proposal form This document contains a main proposal form that is to be completed by all those requesting a quotation for cover, which includes details about you and history. Once you have completed the main form please can you complete the speciality addendum relevant to you. Completing both these forms will enable us to provide a quotation tailored just for you.

Once completed please scan form to **dentist@medirisk.eu** If you have any questions when completing this form please

Contact us on 01 6976600

Important

It is the duty of the Applicant to disclose all material facts. For the purpose of this Application Form, a material fact is deemed to be one that would be likely to influence the judgement of an underwriter in fixing the premium or determining whether or not to underwrite the risk.

✓About You ✓Financial Information ✓Practice Profile ✓Claims & Conduct ✓Assumptions/Declaration

A. About You

Policy Start Date _____

What date would you like your cover to start _____

Title _____ First name _____

Surname _____ Date of Birth

DD	MM	YYYY

Phone number _____ Email address _____

Your Practice _____

Registered address (main practice) _____

Correspondence postcode _____

Your Qualifications? _____

Who was your previous Indemnity provider? _____

What was your policy activation date? _____

What was your previous Premium? _____

B. Financial Information

Turnover (last completed financial year) € _____

Turnover (next twelve months) € _____

Basis of indemnity cover _____

What level of indemnity cover do you require? _____

Retroactive Start date? _____

Do you require Cyber Liability Cover? Yes ☐ No ☐

Limit of indemnity (€) _____

Details of cyber security _____

Anti-Virus software and Anti Spyware installed and updated in accordance with suppliers recommendations Yes ☐ No ☐

Back-ups are taken and stored in an offsite secure location? Yes ☐ No ☐

B. Financial Information

Firewall in place for all external gateways and updated in accordance with suppliers recommendations? Yes ☐ No ☐

Written policy that addresses information security awareness which is communicated to all employees? Yes ☐ No ☐

The management or any other part of the proposer's IT network is outsourced? Yes ☐ No ☐

C. Practice Profile

Dentistry Practice Split by %

Aesthetics and cosmetic dentistry % _____

Anaesthesia/sedation % _____

Dental nursing % _____

General dentistry % _____

Implantology % _____

Oral surgery % _____

Orthodontics % _____

Surgical periodontal treatment % _____

Other % _____

Registration Body _____

Proposer is Licensed by Irish Dental Council (IDC) Yes ☐ No ☐

Minimum of 5 years' experience in relevant industry? Yes ☐ No ☐

Will you be retiring in the next 5 years? Yes ☐ No ☐

Is this a full-time occupation? Yes ☐ No ☐

D. Claims and Conduct

Have any complaints or claims been made, brought or threatened against you in the last 10 years? Yes ☐ No ☐

Are you aware of any acts, errors, omissions, incidents, events, circumstances or requests for notes which may give rise to a complaint or claim against you? Yes ☐ No ☐

Has any insurance indemnity provider ever declined to insure you, imposed special terms, cancelled or refused to renew your insurance? Yes ☐ No ☐

Have you ever been refused membership of any association, professional body or self-regulating organisation or equivalent or have you ever had any licence suspended, revoked or had any special conditions imposed? Yes ☐ No ☐

Have you ever suffered a loss of personal information as a result of a privacy breach? Yes ☐ No ☐

Have you ever carried out activities under another name in the past or been part of a merger or de-merger? Yes ☐ No ☐

Do you anticipate any material changes to your activities or the business in the next 12 months? Yes ☐ No ☐

Does an overseas corporate entity or private individual have or has one ever had an interest in, ownership of or control of the business? Yes ☐ No ☐

Do you undertake any work for the HSE or operate as a HSE Independent Treatment Centre? Yes ☐ No ☐

Do you sub-contract any work? Yes ☐ No ☐

Are you registered as a data controller under the Data Protection Act? Yes ☐ No ☐

Date of Loss	Claimant Name	Description of Claim	Settlement Value	Legal Fees Paid	Status of Claim

E. Assumptions /Declaration

Please confirm that you can agree to all of the following:

1. You have not been declared bankrupt, insolvent or gone into liquidation or have outstanding county court judgements.

2. You are not being investigated, or have ever been convicted of a criminal offence or received a formal police caution (not spent under the Rehabilitation of Offenders Act 1974) in any country.

3. You have not ever suffered a loss through the fraud or dishonesty of any other person(s) or are aware of any matter which may lead to a claim against your employees such as staff, associates, dental nurses etc.

4. Accurate and descriptive records of all medical services are maintained according to law regulations in the UK.

5. Consent is obtained from each patient and stored in their medical record.

6. Facilities for sterilisation of instruments are present.

7. Needle stick injuries protocol is in place.

8. Current guidelines for collection and disposal of medical waste are followed.

9. Standard procedure for reporting medical incidents is followed.

10. Medical/nursing trainings for individuals not employed by the business are not conducted.

11. Medical diagnosis or treatments are not offered over the internet/any other medium.

12. Photographs are taken pre and post first treatment.
- I agree to all of the above:

Agree☐ Disagree☐

Declaration:

You declare that the above answers, statements, particulars and additional information are true to the very best of Your knowledge and belief and are a fair presentation of Your risk. After full enquiry, you also confirm that you have disclosed all information and material facts that may alter or influence the Underwriters' judgement of the risk, or affect their assessment of the exposures they are covering under the policy.

We will be in touch and require the following forms before application is sent to underwriting

- ✓ The latest copy of Your Curriculum Vitae

✓ A copy of Your Licence to Practice

✓ A copy of your standard Patient Consent Form

✓ Copies of the Curriculum Vitae and Licence to Practice of any other individual practitioners requiring cover hereunder

✓ An up to date full claims experience/ Letter of Good Standing from Your previous Insurers defence body for the past 6 years

YOUR NAME _____ DATE _____ SIGNATURE _____

Following the commencement of this contract of insurance, You must advise Underwriters as soon as practicable, and as a matter of urgency, of any changes to the original information provided to Underwriters when the Application Form was originally submitted to Underwriters. Such information must include anything which it considers may alter, influence the judgement of or prejudice the Underwriter's appraisal of the risk being covered hereunder. Failure to disclose such new or amended information may prejudice Your position in the event of notification of a Claim under this policy