



Dental Shield

Proposal Form

Please complete, sign and return together with the attachments to:

*Mark Roddis
Dental Shield
Lockton House
6 Bevis Marks
London
EC3A 7AF*

*Tel: 0845 0500261
Fax: 020 7933 0739*



IMPORTANT NOTICE REGARDING COMPLETION OF THIS PROPOSAL FORM

1. Disclosure

- Any “material fact” must be disclosed to Insurers.
- A “material fact” is any information which may affect the judgement of an Insurer in assessing a risk.
- Any “material change” must be disclosed to Insurers.
- A “material change” is any information which may affect the judgement of an Insurer or their perception of risk and exposure that has not previously been disclosed as a material fact.

(If you are unsure whether a fact or change is material or not, you should disclose it.)

Failure to provide all “material facts” and/or notify all “material changes” may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

2. Presentation

- This Proposal Form must be completed in ink by an authorised individual, a Partner/ Principal/ Member or Director of the Firm.
- **All** questions must be answered.
- If there is insufficient space to provide answers, additional information should be provided on separate sheets (ideally on Company headed notepaper), clearly identifiable as forming part of the proposal form.
- Where available brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

3. Guidance

- If in doubt as to the meaning of any question contained within this proposal form or the issues raised in (1) or (2) above, please contact an Account Executive at Lockton.

4 DATA PROTECTION

By signing this proposal form you consent to Lockton using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, insurers, (which includes their re-insurers, legal advisers, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where appropriate, in compliance with the relevant Data Protection legislation. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Additional information should be provided on separate sheets (ideally on Company headed notepaper), clearly identifiable as forming part of the proposal form.

From time to time, we may disclose personal information (other than sensitive personal data) to other Lockton Companies. We or they may use that information to advise you of our services which may be of interest to you. If you would prefer not to receive information, please contact an Account Executive at Lockton.

SECTION A – YOUR DETAILS

Please provide the following details:

Title:	Forename:	Surname:
Date of Birth:	Nationality:	Gender:
Home Address:	Practice Address:	
Postcode:	Postcode:	
Home No:	Mobile No:	Work No:
Contact email address:		
Registration Body:	Registration Number:	
Registration Date:	Registration Type: Full / Limited / Provisional:	

SECTION B – ACADEMIC DETAILS

Please provide the following details:

Country of Qualification:	Year of Qualification:
Dental School:	
Post Graduate Qualifications / Training:	

SECTION C – PRACTICE DETAILS

Please provide the following details:

1. Type of Practice: A Practice Owner / Provider / Contractor	Yes / No
Employed	Yes / No
Self Employed / Associate / Performer	Yes / No
	Yes / No
2. Do you practice: Full Time	Yes / No
If “no” please state the number of sessions worked <i>per week</i>	No of Sessions:
3. What is the split of patients between NHS and Private?	NHS: % Private: %
4. What is your Gross Fee Income (before expenses) if self employed?
Gross Income (before tax and NI) if employed?

