BSDHT Indemnity
Statement of Fact
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The Insurers do not require You to complete a proposal form for this Commercial insurance policy, instead they will use the statements made and information given during the quotation process, which may have been given via E-Mail, post or verbally, as the basis of the contract between Yourselves and Insurers. All other terms and conditions are as per the policy wording a copy of which is available on request.

Duty of Fair Presentation
We take this opportunity to remind you that you owe a duty to make a fair presentation of the risk to us. You have a duty to disclose every important circumstance which you know or ought to know after a reasonable search or which is sufficient to allow us to make further enquiries for the purpose of revealing those important circumstances. In addition, you have a duty to disclose information in a clear and accessible manner.

Information will be treated as confidential by us and any other party that we will be dealing with as part of your requirements.

Important Information
A circumstance is important if it would influence a prudent insurer's judgment in determining whether to take the risk and, if so, on what terms. Failure to disclose important information may entitle an insurer to:

- in some circumstances, avoid the policy from inception meaning any claims under the policy would not be paid
- impose different terms on your cover; and/or
- reduce the amount of any claim payable.

This duty applies before your cover is placed, when it is renewed, and at any time that it is varied.
### About You

These details will be checked against the BSDHT membership. Please ensure the details are correct as these will be printed on documentation.

<table>
<thead>
<tr>
<th><strong>Full Name of Proposer</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>BSDHT Membership Number</td>
<td></td>
</tr>
<tr>
<td><strong>Correspondence Address</strong></td>
<td></td>
</tr>
<tr>
<td>(Postcode)</td>
<td></td>
</tr>
<tr>
<td><strong>Contact Telephone Number</strong></td>
<td>Mobile:</td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

### Declaration

*Please supply full details if answering ‘yes’ to any of the following. Include details on a separate sheet as appropriate.*

1. **Have you ever had a policy cancelled, a renewal refused or any special terms imposed?**
   - Yes
   - No

2. **Has membership to the GDC ever been refused, suspended, withdrawn or had conditions imposed?**
   - Yes
   - No

3. **Have you had any previous Malpractice, Professional Indemnity or Public Liability Claims?**
   - Yes
   - No

4. **Have you been convicted of or charged with any offence, other than a motoring offence or conviction spent under the Rehabilitation of Offenders Act 1974?**
   - Yes
   - No

5. **Do you practice Dental Hygiene/Therapy work outside of the UK?**
   - Yes
   - No

6. **Do you require cover for Botulinum Toxin Injections and temporary dermal fillers?**
   - Yes
   - No

7. **Do you require cover for the use of laser treatments?**
   - Yes
   - No

8. **Do you require Public Liability with a Limit of Indemnity of GBP1,000,000?**
   - Yes
   - No
### Additional Information

### Your Medical Malpractice including Professional Indemnity cover

Please indicate the level of cover you require:

<table>
<thead>
<tr>
<th>Hours</th>
<th>£1 Million</th>
<th>£2 Million</th>
<th>£5 Million</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-20 Hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21+ Hours</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cover Start Date</td>
<td>Previous Insurer</td>
<td>Retroactive Date</td>
<td></td>
</tr>
</tbody>
</table>

**Please confirm:**

I hereby declare that the statements and particulars are true and that I have not suppressed or misstated any important information and I agree that this statement of fact shall be the basis of the contracts with the underwriters.

<table>
<thead>
<tr>
<th>Proposer’s Name</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Please 'X' with your agreement**