



# BSDHT Professional Indemnity

## Statement of Fact



BSDHT Professional Indemnity insurance is provided by  
Bennett Gould & Partners Ltd a Lloyd's of London insurance broker

## Statement of Fact

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

<p>These details will be checked against the BSDHT membership. Please ensure the details are correct as these will be printed on documentation.</p>		
<b>Full Name of Proposer</b>		
<b>BSDHT Membership Number</b>		
<b>Correspondence Address</b>		
(Postcode)		
<b>Contact Telephone Number</b>	Mobile:	Landline:
<b>Email</b>		

## Declaration

<p><i>Please supply full details if answering 'yes' to any of the following. Include details in the additional information box below</i></p>			
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	Has membership to the GDC ever been refused, suspended, withdrawn or had conditions imposed?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

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## Additional Information

## Your Medical Malpractice including Professional Indemnity cover

Please indicate the level of cover you require:

Hours	£1 Million	£2 Million	£5 Million
1-20 Hours			
21+ Hours			
Cover Start Date		Previous Insurer	Retroactive Date

**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.

Please 'X' with your agreement

Proposer's Name	
Signature:	
Date:	