

INFORMATION YOU'LL NEED TO APPLY FOR INDEMNITY COVER

* compulsory information

About you

GDC number *

Membership number *

Title *

First name *

Surname *

Any other previous names you've been known by *

Previous names

Date of birth

Gender

Contact telephone number *

Email address *

Correspondence address *

Preferred policy start date *

Dental school attended

Registered by GDC in which specialties

About your indemnity history

This section refers to the UK or any other country where you might have worked.

Have you ever had professional indemnity (or indemnity/malpractice insurance)? *

Details of your previous dental indemnity organisations or insurers and respective policy numbers/membership numbers

Name of indemnity provider	Date indemnified from	Date indemnified to	Membership/Policy number

Have you ever had an application for professional indemnity membership or insurance declined, had your membership or insurance cancelled or withdrawn, or not been offered renewal? *

If yes, please provide details of the circumstances below.

Have you ever had any non-standard terms or conditions imposed on any professional indemnity membership or insurance, including the imposition of a weighted (increased) membership subscription or premium, or the exclusion of any type(s) of dentistry, special conditions or an 'excess' payment? *

This in the UK or any other country where you might have worked.

While working as a dental practitioner, have you ever had any gaps in your professional indemnity membership or insurance, whether in the UK or any other country where you might have worked? *

About your registration history

The questions refer to the UK or any other country where you might have worked.

Have you ever been deregistered or refused registration as a dental practitioner by the relevant professional registration body/regulator? *

Have you ever had any conditions, undertakings or other non-standard terms placed on your registration as a dental practitioner? *

Have you ever been suspended from practise or had any practising rights and privileges refused, withdrawn or suspended by any party? *

About your case history

The questions refer to the UK or any other country where you might have worked.

In the last five years, have you ever had any complaints made or threatened against you with respect to your provision of dental treatment or your conduct within the professional environment? *

In the last five years, have you ever had any claims or requests for compensation made or threatened against you or your current or former employer with respect to your provision of dental treatment or your conduct within the professional environment? *

In the last five years, are you aware of any circumstances that may give rise to a claim against you or your current or former employer with respect to your provision of dental treatment or your conduct within the professional environment? *

In the last five years, have you ever been subject to an investigation or disciplinary procedure by a professional registration body or regulator, NHS authority, employer, hospital or any other body with respect to your provision of dental treatment, your conduct within the professional environment, or your personal conduct? *

Have you ever had any criminal cautions or convictions against you, with the exception of minor road or traffic offences? *

Payment

Bank details:

Please have these to hand when a member of our team calls.

Account number

Sort code

Bank name

Bank address

Preferred frequency for Direct Debit collections: Annual or monthly