



PROPOSAL FORM

Name of Proposer:

Postal Address:

..... **Post Code**.....

Questions (* For any answers given in a shaded box, please give full details below or overleaf):

**Please Tick as
Appropriate**

1. Do you undertake any activities other than that of a Dental Practice? **Yes** **No**

2. Has any insurer either:
- Declined your proposal? **Yes** **No**

- Cancelled or Declined to renew your insurance? **Yes** **No**

- Required increased or special terms or requested extra precautions to be taken (eg. fire protections or intruder alarm)? **Yes** **No**

3. Have you or any Partner, Director or Associate ever been
- Convicted or charged (but not yet tried) with any criminal offence? **Yes** **No**

- Declared bankrupt or insolvent? **Yes** **No**

4. Is there any other information which may be material to underwriters in considering the insurance risk proposed? **Yes** **No**

5. Have you suffered a loss or have there been any incidents that have or could have given rise to a claim in the last five years? **Yes** **No**

6. Please give details of your previous insurers for the last 5 years:
.....

For any answer in the shaded box, full details must be shown below or overleaf.

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