

proposal
form



Important information

This proposal form is for a **claims made** policy. A claims made policy only responds to claims made against the insured and notified to insurers during the period of insurance arising from treatment provided on or after the policy **retroactive date**. This proposal form can be completed electronically or by hand and must be signed and dated by an authorised representative of the insured. All hand written notes must be clearly legible and all questions should be answered fully, stating “Nil” or “None” as applicable. Incomplete answers may delay quotation.

Please attach all supporting documents and include as much detail as possible, using the additional sheets as required.

What you need to tell insurers

It is your duty to make a fair presentation of the risk to the Insurers in accordance with Section 3 of the Insurance Act 2015 by disclosing to insurers all circumstances and representations material to the proposed insurance.

For a summary, please refer to the LMA9117 at the back of this Proposal Form and Section 3 of the Insurance Act 2015 for a full explanation of the Duty of Fair Presentation.

A circumstance or representation is material if it would influence the judgement of a prudent insurer in determining whether to take the risk and, if so, on what terms.

Please ensure you have signed and dated the declaration statement at the end of this proposal form.

1.1 Full name of the proposer:

1.2 Date of birth (DD/MM/YYYY) / /

2. Trading name (if different from the above):

3. Have you ever engaged in a similar activity under a different name? Yes No
 If Yes, please provide full details:

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4.1 Address

Postal code

Country

Telephone number

Fax number

4.2 Trading address (if different from above):

Postal code

Country

Telephone number

Fax number

5.1 Where did you qualify?

5.2 In what year?

5.3 With what degree?

Please provide details of any additional or post graduate qualifications:

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6.	Is the course recognised by The Equine Dentistry National Bodies, i.e.	Yes	No
	DFEE		
	British Equine Dental Association		
	Other (please specify)		

Royal College of Veterinary Surgery

British Veterinary Association

7. Please specify registered training course attended, duration of course and attach copies of certificates obtained.

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8.	Have you passed the BEVA / BVDA examination or the WWAED examination?	Yes	No
	If yes, please state date and attach copies of qualification.		
	(DD/MM/YYYY)	/	/

9.	Please specify if experience has been obtained through an apprenticeship with a qualified equine dental technician or vet.	Yes	No
	Who did you train with? (please attach references)		

How long did training last?

10.	Have you undertaken any other training with an experienced equine dental technician or vet?	Yes	No
	If so, please specify who with and for what duration.		

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11. Please estimate the highest value animal that has been treated in the last 12 months?

Please estimate the highest value of herd that has been treated in the last 12 months?

12. Please provide full details of what animal records are kept, where & how they are stored and for how long they are retained:

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13. Which category of cover do you require? Please tick.

Category 1 - Equine dental procedures and include:	Category 2 - Equine dental procedures and include:
<ul style="list-style-type: none"> • The examination of equine teeth • Routine rasping (excluding the use of power dental tools) • Removal of sharp enamel points and small dental overgrowths (less than 5mm high and involving less than half of the tooth's occlusal surface) with manual rasps • Removal of digitally (finger) loose deciduous cheek teeth ("caps") • Removal of calculus, which lies above the gum line. 	<ul style="list-style-type: none"> • Extraction of loose teeth, including both cheek teeth and incisors, including deciduous cheek teeth or teeth suffering from advanced periodontal disease. However teeth which have been loosened by trauma must have further investigation by a veterinary surgeon – including x-rays if necessary – before being extracted. • Extraction of normal, fully erupted and non-displaced wolf teeth. • Removal of large dental overgrowths (over 5mm tall and involving over 50% of the occlusal surface of the tooth) and overgrowths over 5mm tall of whole tooth. • Techniques requiring the use of dental shears, inertia hammers and motorized dental instruments including power rasps. • Treatment of fractured and diseased teeth. • Extraction of dental fragments and palliative rasping of fractured and adjacent teeth.

14. What is your total gross annual income **excluding** income from the sale of goods?

15. Has the proposer, or any employee involved in the treatment or case of animals, been the subject of or convicted of any criminal offence, professional disciplinary proceedings or inquiries? Yes No

If Yes, please provide full details:

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16.1 Are you a member of any professional organisation, or registered with any self regulating body? Yes No

If Yes, please state which:

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16.2 Has membership of such organisation ever been suspended, withdrawn, amended or declined? Yes No

17. If you are an employee, is it a condition of your employment that you maintain medical malpractice Insurance? Yes No

If Yes, please provide full details:

18. Please estimate the highest value of horses treated during the last 12 months:

19. Have you even been Insured for medical malpractice? Yes No

If Yes, please state:

a) The name of the insurer

b) The insurance period From / / To / /

c) The limits of liability provided

d) Has any application for this type of Insurance cover ever been:

- i) declined? Yes No
- ii) cancelled? Yes No
- iii) required special terms? Yes No

If Yes, please provide full details:

20. List all claims made against the proposer during the last 10 years. If none, please state 'None'

Date of incident	Date of claim	Amount claimed	Amount paid	Amount O/S	Details including nature of the allegations and details of claimant

21. List all circumstances/complaints which may give rise to a claim being made against the proposer.

If none, please state 'None'

Date of circumstance/ complaint	Details including nature of the complaint and details of the complainant

22. Have all of the above been notified to and accepted by your previous insurers or defence organisation?

Yes No

If No, please provide full details:

Declaration

Please use the supplementary page(s) to add any pertinent information or additional information as may be required to fully answer the questions.

Prior to the commencement of the contract of insurance, you must make a fair presentation of the risk to be insured under this Policy in accordance with the terms of the Insurance Act 2015. I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts.

I/we undertake to inform insurers of any material alteration to these facts occurring before the completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any policy period (and any extension thereto).

In accordance with the Insurance Act 2015, I/we declare that I/we have made a fair presentation of the risk. If you are unsure of your duty of fair presentation, please ask your broker for further information.

Signing this Declaration does not bind the proposer to complete this insurance.

Signature

Full name

Date / /



Insurance Act 2015 – Duty of fair presentation

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
 - a) Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
 - b) Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
 - c) Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
 - a) If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b) If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
 - c) Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

LMA9117

16 March 2016

Supplementary information

Please use this space to record the answers to any questions for which you require additional space, noting the appropriate question number.