challenge

Dental Practitioner Renewal Declaration Form

IMPORTANT INFORMATION – PLEASE READ

This Application Form, which is designed for dentists on the Irish Dental Council's register, must be signed by the Applicant.

It is the duty of the Applicant to disclose all material facts. For the purpose of this Application Form, a material fact shall be deemed to be one that would be likely to influence the judgement of a prudent insurer in fixing the premium or determining whether to underwrite the risk.

Each section of this Application Form must be completed in full. Incomplete or unsigned forms will not be accepted.

Should there be insufficient room on any part of the Application Form to record all necessary details, please use the space provided in Section 3 with reference to the appropriate question.

Failure to disclose full and accurate details may entitle Insurers to void your contract of insurance and will mean that you are not entitled to any benefits of, nor make any claims against, your policy.

It is the responsibility of the Applicant to notify any future change of address or any changes in their professional circumstances.

Once completed, please sign and date the Declaration in Section 4 and return it to:

Challenge Insurance Brokers Limited
Challenge House, 11 Burnell Square,
Mayne River Way, Malahide Road,
D17 VY04.

Email: insurance@challenge.ie
Tel: +353 1 8395942

Limits of Indemnity

Any One Claim	Annual Aggregate
€1,000,000	€2,000,000

Policy Excess

The excess on this policy is NIL each and every claim

Should you have any questions, please contact Challenge Insurance Brokers Limited on +353 1 8395942.

THE SIGNING OF THIS APPLICATION FORM DOES NOT BIND THE APPLICANT, OR INSURERS, TO COMPLETE A CONTRACT OF INSURANCE.

Section 1 – Personal Details

1 Title

2. Forename

3. Surname

4. Mobile No.

5. Residential Address
(for all correspondence)

6. Practice Address

7. IDC Registration No.

8. IDC Registration Type

Section 2 – Practice Profile

1. What is your gross private fee income (excl Dento-Legal Work) for:
   - Previous accounting year €
   - Projected for the full current accounting year €
2. What is your gross dento-legal work fee income for:
   - Previous accounting year €
   - Projected for the full current accounting year €
3. In relation to your private practice only, please confirm:
   a. You are a General Dental Practitioner Only meaning you do not perform Orthodontic work, Implant Work, Sinus Lifts, Periodontology (except non-surgical work), bone grafting etc. or Botox and fillers. Yes ☐ No ☐

   b. If you perform any of the folllowing noted work can you confirm the % spilt of work between your General Dentistry Work & other specialities

General Dentistry	%
Implants	%
Orthodontics	%
Periodontics	%
Bone Grafts	%
Sinus Lifts	%
Botox/Fillers	%
Other	%

   c. Please list procedures you perform that are not listed above

4. Has there been any changes to your procedure types in the last year? Yes ☐ No ☐

   If 'Yes' please provide details:

5. Has there been any material change(s) to your business? Yes ☐ No ☐

   A *material change/fact* is any information which may alter the judgment of an Insurer in assessing your insurance.
   If you are in any doubt as to whether a change/fact is material or not you should disclose it.

   If 'Yes' please provide details:

6. Other than those already reported to us, are you aware of any claims or circumstances in the past 12 months, from your public or private practice, which may give rise to a claim against you? (If "Yes", please provide details in Section 3) Yes ☐ No ☐
7. Since the completion of your application, have you been convicted of any criminal offence (other than minor driving offences), subject to disciplinary procedures by your employer or IMC Fitness to Practice procedures? (If "Yes", please provide details in Section 3) Yes ☐ No ☐
8. Do you perform work outside the Republic of Ireland? (If Yes, Please provide additional details in Section 3) Yes ☐ No ☐
9. Do you provide your services or bill your patients via a Limited Company, or a similar joint venture?
   (If "Yes", please complete 4. a), b), c) and d).)

   a) If applicable, please provide the company name and number. Company Name ____ Number ____

   b) Are you the only registered medical practitioner working for the Company? Yes ☐ No ☐

   c) Are you the only registered medical practitioner working for the Company? Yes ☐ No ☐

   d) Does the Company or you employ medically qualified and/or auxiliary staff? Yes ☐ No ☐

   e) If applicable, do you require cover for any of the staff declared above? Yes ☐ No ☐

Section 3 – Additional Information

Section 4 – Declaration and Disclosure

I acknowledge and confirm that I have been provided with a copy of the Terms of Business and Privacy Statement of Challenge Insurance Brokers Ltd and that I have read through, understand and agree to these terms.

I declare that the statements and particulars in this declaration are true and that I have not suppressed any material facts, a material fact shall be deemed to be one that would be likely to influence the judgement of a prudent insurer in fixing the premium or determining whether to underwrite the risk.

Failure to disclose full and accurate details may entitle Insurers to void your contract of insurance and will mean that you are not entitled to any benefits of, nor make any claims against, your policy.

It is the responsibility of the insured practitioner to notify any future change of address or any changes in their private practice.

I undertake to inform Insurers of any material alteration to these facts occurring before completion of the Contract of Insurance.

Signature of Insured Practitioner

Name of Signatory

Date

A COPY OF THIS COMPLETED DECLARATION FORM SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS.