# Dental Practitioner

## Proposal for Dental Indemnity Policy

This is a proposal for a Dental Indemnity Policy underwritten by MDA National Insurance Pty Ltd (MDA National Insurance) ABN 56 058 271 417, AFS Licence No. 238073.

In completing this proposal, ‘we’, ‘our’ and ‘us’ means MDA National Insurance. ‘You’ and ‘your’ means the proposed insured.

It is important that all information contained in this proposal is accurate and complete as this document will form the basis of the insurance contract between you and us. Where there is not sufficient room, please provide your answer on a separate attachment. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance contract. If you have any doubt as to whether any information is material, it should be disclosed. Please read the Important Notice on page 4 before completing this form. Please ensure that you read and understand the terms and conditions of the Dental Indemnity Policy as outlined in the Dental Indemnity Policy Important Information and Policy Wording, and any Supplementary Important Information and Endorsement to Policy Wording.

Where you have an obligation to notify the insurer of a matter, this matter can be advised to the relevant Corporate Authorised Representative of the insurer. Please contact the association or organisation that arranges your indemnity insurance to notify any matters under this policy.

Note: The issue of a policy is subject to our underwriting approval.

### 1. Personal Details

<table>
<thead>
<tr>
<th>Title</th>
<th>Date of birth</th>
<th>First name(s)</th>
<th>Middle name(s)</th>
<th>Surname</th>
<th>Former name/Maiden name</th>
<th>Gender</th>
<th>Mailing address</th>
<th>State</th>
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<th>Primary practice address</th>
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<th>Home telephone (   )</th>
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<th>Facsimile (   )</th>
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| Email | |
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2. Policy Coverage Requirements

2.1 When would you like your cover to commence? 

2.2 What is your practice category code? 
Please refer to the Practice Category Guide to determine your appropriate practice category. 
If you have any questions in relation to the practice categories, please contact the relevant association or organisation that arranges your indemnity insurance.

2.3 Do you act, or are you likely to act, in the capacity of a Medical Practitioner (outside of dentistry) at any time in the insurance year? 
If YES, please provide details of the nature of the medical practice undertaken on a separate attachment.

3. Retroactive Cover for Past Practice

3.1 When did you first commence practice as a Dental Practitioner in Australia?

3.2 Please provide details of your previous insurers or medical defence organisations for the last 10 years in the table below. If you require additional space please complete on a separate attachment.

<table>
<thead>
<tr>
<th>Name of Organisation/Insurer</th>
<th>Period of Insurance</th>
<th>Retroactive date* on Policy</th>
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Please read the information below to obtain an understanding of what retroactive cover is. If you have any questions or are unsure about how to complete this section, contact the association or organisation that arranges your indemnity insurance.

*The retroactive date determines how much of your prior practice is covered under your policy. If your previous insurance policy specifies “Unlimited” for the retroactive date, your MDA National Dental Indemnity Policy will cover you for new matters that you become aware of, arising from your past practice in Australia, irrespective of how long ago the incident occurred. If your previous policy shows a specific retroactive date, please state the date. Your MDA National Insurance Dental Indemnity Policy will not respond to any matter arising out of an incident that occurred before that retroactive date.

4. Qualifications and Registration

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<tr>
<th>Qualification</th>
<th>Institution</th>
<th>Year</th>
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<tr>
<th>Dental Board Registration Number</th>
<th>Date First Registered in Australia</th>
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<td>_______ / _______ / _______</td>
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</table>

4.1 Have you ever been refused registration, deregistered or suspended from practice as a dental practitioner whether as a result of a disciplinary proceeding or otherwise? 
If YES, please provide full details on a separate attachment.

4.2 Do you currently have, or have you ever had, conditions, undertakings, reprimands or notations placed on your registration? 
If YES, please provide a copy of these conditions.
5. Claims and Indemnity History

5.1 Have you ever been refused membership of a Medical Defence or Dental Indemnity Organisation, been refused professional indemnity, had your insurance or membership cancelled or not been offered renewal?

5.2 Has any Medical Defence or Dental Indemnity Organisation or insurer ever imposed any non-standard terms or conditions on your practice or professional indemnity cover, including any requirement that you participate in a risk management program, or have they advised you that such requirements, terms or conditions will be imposed on your current or future indemnity or practice?

5.3 Have you ever had any claims made or threatened against you or against a current or previous employer arising from your provision of dental services, whether finalised or not?

5.4 Are you aware of any circumstances which may give rise to a claim against you or a current or previous employer arising from your provision of dental services?

5.5 Have you ever had any complaints made or threatened against you arising from your provision of dental services, whether they have been investigated or not?

5.6 Have you ever been the subject of an investigation, complaint, disciplinary or other proceeding or inquiry by any hospital, tribunal, professional registration board, court, statutory body (including but not limited to Medicare) or any other body?

5.7 Have you ever been the subject of a criminal investigation or had criminal charges laid against you?

5.8 Whilst working as a dental practitioner have there been any gaps in your professional indemnity/insurance since the date of your graduation?

If you are aware of any claims, investigations or inquiries or circumstances which may result in a claim, complaint, investigation or inquiry, please ensure that you notify your current insurer prior to submitting this application. If you have answered YES to any question in this section, please provide a detailed description of each matter on a separate attachment. WE MAY REQUIRE YOU TO OBTAIN A FULL CLAIMS HISTORY FROM CURRENT AND PREVIOUS INSURERS. For questions relating to claims, circumstances, inquiries or investigations please include in this description:

- whether the matter was notified or dealt with by an insurer and, if so, which organisation;
- the date of the incident;
- a brief summary of the matter and the relevant details (if the matter involved a patient please do not identify the patient in any way);
- your involvement in the matter;
- details of any legal or indemnity payments made, if you are aware of this;
- the outcome if known (if unknown, please state the last known status).

PLEASE DO NOT SEND ANY ORIGINAL DOCUMENTS WITH THIS PROPOSAL

6. Declaration - must be signed and dated

I declare that:

1. I agree to be bound by the terms and conditions of the policy.
2. I have read and understood the Important Notice and contents of this proposal and acknowledge that the information included in, or attached to, this form is accurate and complete.
3. I understand my duty of disclosure exists until the contract of insurance is entered into and that I have a continuing obligation to inform MDA National Insurance or its Corporate Authorised Representatives of any material alteration of the risk during the period of insurance including any change in my field of practice or any material change in the nature of professional services provided by me, or the risk category that I have previously declared.
4. I acknowledge that the policy (if issued) will not indemnify me with respect to:
   (a) claims that have been made against me as at the date of this proposal;
   (b) claims that arise in the future from matters that I am aware will likely give rise to a claim as at the date of this proposal;
   (c) any current investigation or inquiry;
   (d) any future investigation or inquiry that results from a matter that has been, or is currently being, investigated or matters that I am aware of as at the date of this proposal that will be the subject of an investigation or inquiry; and
   (e) any matter reported on or with this proposal or matters that should have been reported on or with this proposal.

Authorisation and Consent:

5. I authorise and request any Dental Board or other registration body to release all information requested by MDA National Insurance regarding my registration as a dental practitioner, any conditions placed on it and any complaints to, or investigations or hearings by, or on behalf of the Dental Board or registration body involving me whether or not there has been a final resolution and I consent to the disclosure of such information to MDA National Insurance or its Corporate Authorised Representatives, reinsurers or advisers, as appropriate.
6. I authorise and request any current or former insurer or indemnity provider to release all information requested by MDA National Insurance regarding all requests for indemnity or assistance including details of claims, complaints, investigations or inquiries involving me, whether or not there has been a final resolution and I consent to the disclosure of such information to MDA National Insurance and any of its reinsurers or advisers, as appropriate.
7. I consent to MDA National Insurance and any companies, firms or individuals who assist in providing services including reinsurers, Corporate Authorised Representatives, solicitors and barristers, holding and using the information I provide and any information provided about me or my practice by a registration body or current or former insurer or indemnity provider, in accordance with the MDA National Group Privacy Policy.

Please Sign and Date Here

Signed

Date / /
Important Notice

To have a thorough understanding of the cover provided under your policy please read the following information in conjunction with the current Dental Indemnity Policy Important Information and Policy Wording, and any Supplementary Important Information and Endorsement to Policy Wording.

Your duty of disclosure

Before you enter into an insurance contract, you have a duty, under the Insurance Contracts Act 1984 (Cth) to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Claims made cover

The Dental Indemnity Policy is a claims made contract of insurance. This means that the policy responds to matters that have occurred on or after the retroactive date and that you first become aware of and notify us in writing during the period of insurance.

Privacy

Please note that any information you provide will be held and used by us and any companies, firms or individuals who assist us in providing services (including but not limited to reinsurers, medical specialists, solicitors and barristers) in accordance with the MDA National Group Privacy Policy.

Requirement to notify us

You must notify us in writing as soon as practicable of any material alteration of the risk during the period of insurance including any material change in the nature of the professional services provided by you. You must also notify us as soon as practicable after you become aware of:

(a) any claim, investigation or inquiry; or
(b) any circumstance that might lead to a claim against you or to an investigation or inquiry involving you; or
(c) any other matter which might give rise to a claim for indemnity under this policy.

Rights under section 40(3) of the Insurance Contracts Act

If you have a policy with us and you notify us in writing of circumstances which may give rise to a claim during your period of cover, the fact that you do not give us written notice of a claim relating to those circumstances before your policy has expired will not, of itself, relieve us of liability in relation to the claim. However, you must notify us of a claim, investigation or inquiry as soon as you become aware of it.

Payments

All monies received will be paid into an Australian bank account and held in trust on your behalf until we agree to accept your Insurance renewal. MDA National Insurance is entitled to the interest earned on this bank account. Your Membership subscription is collected on behalf of DPL Australia and will be allocated accordingly.
Membership Application
Application for Dental Protection Membership

Please complete all relevant sections of the form and return to DPL Australia Pty Ltd by one of the following:

**Post:** DPL Australia Pty Ltd, PO Box 1013, Milton QLD 4064

**Fax:** (07) 3831 7255

**Email:** membership@dpla.com.au

### Section 1 – Personal Details

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<th>Title</th>
<th>DR</th>
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<td>Dental Board/AHPRA registration Number</td>
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<td>Please circle area of work</td>
<td>Additional qualifications Additional qualifications (Provide graduation year and training establishment)</td>
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<td>Private Practice</td>
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<td>University</td>
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<td>Defence Forces</td>
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<td>Laboratory</td>
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<td>Other (Give details)</td>
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<td>Speciality (If applicable)</td>
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Section 2 – Previous indemnity/insurance history

1. Have you had cover/insurance before (including previous membership with DPL)?
   - Yes (Please answer all questions below)
   - No (Please answer questions 3 to 10)

2. Please give the name of the organisation(s) and the dates during which you were a member or policy holder.
   If you were previously a DPL member, please give your membership number if known and your name at the time (if it has changed)

<table>
<thead>
<tr>
<th>Organisation</th>
<th>From</th>
<th>To</th>
<th>MPS/DPL No</th>
<th>Name</th>
<th>Other membership or policy no</th>
</tr>
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</table>

3. Have there been any gaps in your professional indemnity/insurance since the date of your graduation?
   - No
   - Yes (Please give dates and details on a separate sheet)

4. Have you ever been refused membership (including renewal) of a protection body (refused professional insurance) or been offered limited or conditional membership (terms) including higher subscriptions/premiums?
   - No
   - Yes (Please give dates and details on a separate sheet)

5. Have you ever been the subject of any complaint arising out of your professional practice? (If in doubt, please indicate YES)
   - No
   - Yes (Please give dates and details on a separate sheet)

6. Have you ever been involved in any claim for compensation arising out of your professional practice or are you aware of any incident that might become a claim? (If in doubt, please indicate YES)
   - No
   - Yes (Please give dates and details on a separate sheet)

7. Have you ever been the subject of a disciplinary inquiry by your employer or had clinical rights refused/withdrawn/made conditional? (If in doubt, please indicate YES)
   - No
   - Yes (Please give dates and details on a separate sheet)

8. Have you ever been the subject of a complaint, inquiry, investigation or hearing by a Dental Board or any other registration body anywhere in the world, or had conditions imposed on your practice or been suspended or erased from any dental register (If in doubt, please indicate YES)
   - No
   - Yes (Please give dates and details on a separate sheet)

9. Have you ever been cautioned by the police in respect of, or convicted of any criminal allegation (including road traffic offence)?
   - No
   - Yes (Please give dates and details on a separate sheet)

10. Do you know of any other issue of which Dental Protection might reasonably wish to be aware, when considering your application for membership? (If in doubt please tick YES and provide details)
    - No
    - Yes (Please give dates and details on a separate sheet)

In order to comply with the Medical Indemnity (Prudential Supervision and Products Standards) Act 2003 and other legislative requirements in Australia (“The relevant Acts”) DPL members are offered claims made insurance from MDA National Insurance Pty Ltd (MDANI) which is wholly owned by MDA National Limited.

Please complete the application form in detail and forward to DLPA at the address on Page 1. If an MDANI insurance application form has not been enclosed with this form we will forward one once we receive your application. On acceptance into membership, DPL members can apply to DPLA for all benefits of membership, including assistance with matters falling outside the scope of “the relevant Acts” and/or the terms of the MADANI dental indemnity policy.

**IMPORTANT**

Failure to disclose full and accurate details about your professional practice may delay your application and/or if you are accepted into membership could result in the suspension and/or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

**Contact Details**

<table>
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<tr>
<th>Tel</th>
<th>Freecall 1800 444 542</th>
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<tbody>
<tr>
<td>Address</td>
<td>DPL Australia, PO Box 1013, Milton, QLD. 4064</td>
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<tr>
<td>Fax</td>
<td>07 3831 7255</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:membership@dpla.com.au">membership@dpla.com.au</a></td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.dentalprotection.org.au">www.dentalprotection.org.au</a></td>
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</tbody>
</table>
Section 3 – Membership Category

Please refer to our category guide and state clearly below which category of DPL membership you require, and the State/Territory in which the majority of your professional practice will be undertaken. Check carefully that this is a proper reflection of the location, nature and extent of your professional practice.

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<th>Category</th>
<th>State</th>
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If you have chosen any of the categories listed below, please provide the additional information requested below.

**E3D / QEA / QEN**

Since you are claiming a reduced rate membership category, please state (a) the name and address of your employer (b) his or her DPL membership number and (c) your position within the practice.

(a) 
(b) 
(c) 

For any Part-time practice category

My total annual clinical or non-clinical professional activity will not exceed _______ hours/year

**E1D** I do not treat any patients in private practice, and have no involvement in dentistry outside of my main employment

**E2D** My work outside of my main employment (including work in private practice) will not exceed 500 hours during the subscription year. I will notify you immediately if this is likely to be exceeded and I understand that if I fail to do so, my entitlement to the benefits of membership may be affected.

**QIA** For those who have an entitlement to indemnity from their employer for their work and are a Member of a State Hygienist/Therapist/OHT Association

**QIN** For those who have an entitlement to indemnity from their employer for their work and are not a Member of a State Hygienist/Therapist/OHT Association

My Employer is: 
Position held in this employment: 

**ASSOCIATION MEMBERSHIP**

I am and will remain a current member of ___________________________ (name of organisation) throughout the period of DPL membership. My membership number with the above association is ___________________________

Section 4 – Date of commencement

If your application for membership is approved, it will take effect from the day following receipt of your application. Complete this box if you would prefer your membership to commence on a later date.

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Section 5 – Membership declaration – to be completed by all applicants

Your Personal Information and Data

At times we will ask you to provide us with data and personal information including when you apply for membership, your subscription is renewed, your scope of practice changes, when we provide assistance to you or you apply for or seek assistance or make a claim under the Dental Indemnity Policy or any similar policy (together DIP). In applying for membership and by continuing as a member you agree that (i) we may hold and process your personal information (as defined in the Privacy Act 1998 (the Australian Act)) or personal data including sensitive personal data (as defined in the United Kingdom's Data Protection Act 1988 (the UK Act)) which you provide to us or which we fairly obtain from another source for the purposes of processing any application for membership or DIP, the administration and provision of membership services, the administration of the DIP, providing you with the benefits of membership (including, but not limited to, advice and assistance), processing claims under the DIP, underwriting, risk assessment, marketing, education, research and audit during your membership and for a reasonable period after your membership or DIP terminates or an application for membership or DIP is rejected by us or withdrawn by you and (ii) we may share such personal information or data with MPS' related companies (Related Companies), MDANI and other third parties who may also hold and process it for the same. Under the Australian Act and the UK Act you have the right to ask us for a copy of any of your personal information or personal data respectively which we hold.

You also agree that (i) we may seek personal information or data relevant to any purpose for which you have agreed we may hold personal information or data from other professional defence organisations, insurance companies, employers or other third parties regarding your professional practice and career history and that they may release to us such information (ii) if you are outside of the European Economic Area (EEA) your personal information or data may be transferred to, held and processed within the EEA and (iii) if you provide us with an email address or telephone number it may be used by us, our Related Companies and third parties to contact you for any of the purposes for which you have agreed to allow us or them to hold or process your personal information or data.

IMPORTANT! – Please read, sign and add the current date below.

By signing and returning this form you confirm that:

(i) You wish to apply for membership of The Medical Protection Society Limited (“MPS”) subject to the Memorandum and Articles of Association;

(ii) You understand that any failure to disclose full and accurate details may delay your application and/or if you are accepted into membership could result in the suspension or withdrawal of membership benefits and/or the cancellation and/or termination of membership.

(iii) You understand that membership is not conferred automatically and is subject to approval by MPS.

(iv) You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not of itself confirm membership and/or entitlement to request benefits.

(v) You will inform us if your personal circumstances or scope of practice changes.

If you are submitting additional sheets or correspondence, please tick here.

In order to provide you with the best possible service we would like to inform you of other products and services offered by us that we believe may be of interest to you. If you do not wish to receive such information, either via post or email, please tick here.

Signature   ____________________________    Date   ____________________________

(please note must be current date)

Please remember to inform us promptly if your personal circumstances or scope of practice change, as failure to do so may affect the amount of subscription paid and your entitlement to the benefits of membership.