**ENTITY COVER APPLICATION FORM**

**Your name:**

**GDC Number** **or Indemnity policy number:**

**Name of the entity to be added to the policy:**

**Main practice address:**

**Practice website address:** http://

**How many practice locations does the entity operate from?**

**Business description:** Dental Practice

1. **Do you require cover for your Limited Company?**

Yes/No *delete as applicable*

1. **Do you currently have an entity policy in place?**

Yes/No *delete as applicable*

 Please note the renewal date of that policy: dd/mm/yyyy

1. **You confirm that as a BDA Indemnity policyholder(s), you have equal to or more than 50% of shares in the Limited Company to be covered:**

Yes/No *delete as applicable*

1. **You confirm the Limited Company checks and holds details of Professional Indemnity cover for all dentists in the entity:**

Yes/No *delete as applicable*

1. **You confirm the Professional Indemnity details of all dentists are checked annually and include information relating to the insurer/defence organisation including a retroactive date if applicable:**

Yes/No *delete as applicable*

1. **Have you had any complaints against the Limited Company in the last 5 years?**

Yes/No *delete as applicable*

 If yes, please provide details

1. **Have you had any claims against the Limited Company in the last 5 years?**

Yes/No *delete as applicable*

 If yes, please provide details

1. **Has there been any regulatory action against the Limited Company in the last 5 years?**

**(e.g., Care Quality Commission, Prudential Regulatory Authority, NHS Commissioning body Financial Conduct Authority, Advertising Standards Authority)**

Yes/No *delete as applicable*

*If yes, please provide details here:*

1. **Please confirm the most recent annual gr turnover for the Limited Company:**

£

1. **Are any of the dentists working for the entity BDA Indemnity policyholders**

Yes/No *delete as applicable*

*If yes, please provide their names, GDC number and the percentage shareholding where applicable.*

|  |  |  |
| --- | --- | --- |
| Name | GDC number  | If this person has a share in the Limited Company, please indicate the percentage  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Are there any dentists working in the practice on a GDC Specialist register?**

Yes/No *delete as applicable*

If yes, please confirm which register and how many

|  |  |
| --- | --- |
| Specialist Register  | Number of dentists engaged by the entity on that list  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **How many dentists work in the practice(s)/entity excluding those listed above in Q10 above?**
2. **On which date would you wish this entity cover to start?**
3. **Do you want to start this cover from when your BDA Indemnity policy started (retroactive cover)?**

Yes/No *delete as applicable*

Registered office 64 Wimpole Street London W1G 8YS. Limited by guarantee (14161) England

020 7935 0875 / enquiries@bda.org / bda.org

The policy is arranged by the British Dental Association and underwritten by Royal & Sun Alliance Insurance Ltd. The British Dental Association is an appointed representative of Lloyd & Whyte Ltd. Lloyd & Whyte Ltd is authorised and regulated by the Financial Conduct Authority (FCA). The FCA does not regulate the advice you receive with regards to Advisory, Case Management and Indemnity Support provided by the BDA. Calls are recorded for training and monitoring purposes.