

## **Block Insurance Scheme**

Policy runs from 31st March 2015 until 30th March 2016

If you are joining this scheme three months or more after the above start date, please see the short period rate table below.

| Personal Accident (optional) (optional) Key fact sheet |

 INDEMNITY LIMIT
 £4,000,000
 £5,000,000
 Key fact sheet attached

 Full Practitioner
 □£59.00
 £11.00

 Student
 □£21.00
 £11.00

Premiums include Insurance Premium Tax/Levy, DAS Legal Expenses Package, Affinity, Balen Admin/Doc fee of £0-£40 which applies to the Malpractice element of the policy only

If in the Republic of Ireland, please contact us for a premium in Euros.

#### SHORT PERIOD RATE TABLE FOR NEW MEMBERS

- Your Scheme has common renewal date for all Members of 31st March.
- In order to take your cover round to this date, the **premiums reduce according to when you join** as per the table below.

DATE:	31st Mar- 29th June	30th June – 29th Sept	30th Sept – 30th Dec	31st Dec- 30th Mar
£6M Full Practitioner	£59.00	£46.00	£33.00	£19.00
£4M Student	£21.00	£16.00	£11.00	£6.00

### **IMPORTANT NOTE**

Please note that you must belong to the Association in order to take out this policy. If you do not or you do not renew with them the insurance could be declared void.

#### NO CLAIMS DECLARATION

I HEREBY DECLARE AND WARRANT that I have never been convicted of any criminal offence, other than motoring offences, or offences that are spent under the Rehabilitation of Offenders Act 1974, and there are no prosecutions pending. No insurer has ever cancelled, declined or refused to renew a policy. I have had no claims, or circumstances, which could give rise to a claim under the policy involving negligence, error or omission, and I am not aware of any circumstances which may result in a claim or suit being made against me. By signing the form below I confirm that the above statements & particulars are in all respects complete and true, that they are material, and that I have not suppressed or misstated any material facts. This means that you should not withhold or misrepresent any facts which are likely to influence the Company's assessment and acceptance of this proposal. You have a duty to disclose them and failure to do so could invalidate the insurance cover. I agree that this form shall be the basis of the Contract with Underwriters & deemed part of the insurance coverage issued to me. I can also confirm that I have read, understood and agree to accept the Balens Terms of Business letter attached. A specimen policy wording is available on request at all times.

Signed		D	ated2015/16
Title Surname		First nar	1e
Address			
Phone Number	Email		
Please state the therapi		r, subject to suitable q pies of all qualificatior	ualifications held, in the box below s.

# Standard Therapies covered, strictly subject to suitable qualifications held: If you are adding any new therapies, please also enclose copies of your qualifications.

Our policies are multi therapy, and we understand that you may require other techniques, such as nutritional advice, acupuncture, injections etc. which were included within the syllabus of your training and professional qualification. For the purpose of correct rating and underwriting your malpractice insurance with Balens, we do need you to indicate these on the list below, so that we can state them on your policy schedule.

Acupressure	Indian Head Massage		
Alexander Technique	Integrated Energy Therapy		
Allergy Testing	Iridology		
Angel Therapy	Kinesiology		
Animal Therapy	Kinetic Energy		
Autogenic Therapy	Light Body DNA Activation Therapy		
Aromatherapy	Life Coaching		
Astrology	Manual Lymph Drainage Category 1 & 2		
Assemblage Point Shifting	Massage (including deep tissue)		
Aura Balance-Energy Field Therapy	Meditation & Psychic Awareness		
Aura-Soma	Melchizedek		
Baby Massage	Naturopathy (Live blood analysis 50% load)		
Bi Aura	Neuro Linguistic Programming		
Bicom & Bioresinence	Nutrition Therapy		
Bio Energy Therapy	On Site Massage		
Bio Kinetics	Past Life Regression		
Bio Magnetic Therapy	Pilates		
Bionetics	Polarity Therapy		
Body Harmony	Provocative Therapy		
Bowen	Psychotherapy (including Jungian Analysts)		
Breathing Therapy / Breathing Massage	Qi Gong		
Chi Kung	Radionics		
Clinical Hypnotherapy	Reflexology		
Cognitive Therapy	Reichian Therapy		
Cognitive Therapy	Relaxation Therapy		
Colour Thorony	Remedial Therapy		
Colour Therapy			
Cranio Sacral Therapy	Rhythmical Massage Therapy Training		
Creative Writing	Rolfing		
Dowsing for Stress Release	Shamanism		
Educational Kinesiology	Shiatsu		
Electro Acupressure	Sound Healing		
Electro Crystal Therapy / Electro Gem Therapy	Spiritual Psychotherapy		
E Lybra	Sports Massage		
Emotional Freedom	Stress Management		
Emo Trance	Tai Chi (Non Combat)		
Energy Balancing	Teaching Movement & Massage		
Energy Field Therapy	Thought Field Therapy		
Energy Interference Patterning	Touch for Health		
Enneagram	Vitamin & Mineral Therapy		
Em Power Therapy	Vortex healing		
Facial Threading	Yoga		
Feldenkrais Method			
Hearing Therapy			
Herbalism	We include many other therapies within this package a		
Holographic Re-patterning	No additional premium. If your therapy is not listed,		
Homoeopathy	Please put it down on the form and enclose a copy of		
Hopi Ear Candling	Your qualification. Please note that we may need		
Human Givens	Further information or an additional premium may appl		
	For higher viels therewise		
Hydrotherm Massage	For higher risk therapies.		

For the purpose of insurance only, The Institute of Sport and Remedial Massage is an Introducer Appointed Representative of Balens Limited, Bridge House, Portland Road, Malvern, WR14 2TA, who are authorised and regulated by the Financial Conduct Authority.