



BALENS



What do I need to do?

- 1) Check the activity sheets for the activity that you practice. You can add as many activities to the policy as you like, providing you hold a suitable qualification. If an activity is not listed, please add it to the list on the form and we will inform you if we require an additional premium or more information. If you wish to add any new activities to your policy, please forward a copy of your qualification. If you are a student in any activity and require cover for your case studies, please write student next to the activity.
- 2) Check the premium that you need to pay for the activity that you practice and then tick the appropriate box. You can pay by cheque which needs to be made payable to Balens Ltd, write card details on a separate sheet or call us with card details once we have received your form.
- 3) Answer the questions on the Proposal form and read the declaration, then please make sure that you fill your details in clearly and hand sign and date the declaration form.
- 4) Please state the activities that you require cover for in the box on the bottom of the proposal form. If an endorsement applies please contact us prior to the inception of your policy for full details.
- 5) On receipt of the above, we will start your policy from the day that we receive your form, providing everything has been completed correctly. If you are practising an activity that is not on the list, we may need further information before cover can be granted. If you have foreign qualifications, we will need you to complete an additional form. Please note that we must receive your renewal documentation before the expiry date of your current policy to ensure continuous cover.
- 6) Please note the completion and submission of this form does not bind you or us to enter a contract of insurance. In order to minimise the need for further clarification please answer all questions fully. You understand that you must make a fair presentation of the risk to us when completing this form and at inception, renewal and whenever you request changes to your policy. This means you must tell us about all facts and circumstances which may be material to the risks covered by the policy in a clear and accessible manner and must not misrepresent any material facts. A material fact is one which would influence our acceptance or assessment of the risk. If you have any doubt about facts considered material, it is in your interest to disclose them. If you do not make a fair presentation of the risk the policy may be avoided, written on different terms or a higher premium may be charged, depending on the circumstances of the failure to present the risk fairly.

Please complete the attached Declaration Form and return with your payment to:-

Balens Limited

Specialist Insurance Brokers to Health & Wellbeing Practitioners & Organisations
Bridge House, Portland Road, Malvern, WR14 2TA

Tel: 01684 – 580771 Fax: 01684 – 891361

www.balens.co.uk info@balens.co.uk

“We care for the Carers”

Established 1950 – Over 60 years of Service & Personal Support

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Balens Limited has passporting rights enabling us to carry out insurance transactions within EEA states. This business may not be regulated by the Financial Conduct Authority, however, we apply the same compliance protocol across all of our business.



Zurich Insurance plc

A public limited company incorporated in Ireland. Registration No. 13460.

Registered Office: Zurich House, Ballsbridge Park, Dublin 4, Ireland.

UK Branch registered in England and Wales Registration No. BR7985.

UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ.

Zurich Insurance plc is authorised by the Central Bank of Ireland and authorised and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our authorisation by the Financial Conduct Authority are available from us on request. These details can be checked on the FCA's Financial Services Register via their website www.fca.org.uk or by contacting them on 0800 111 6768. Our FCA Firm Reference Number is 203093.



The British Association of Therapists and Hypnotherapists Affinity Scheme – UK

Premium Information

As an ethical, regulated business we wish to be clear and transparent about the breakdown of the cost of your insurance policy arranged through us. The tables below aim to achieve this. As an example, the cost of your insurance premium if you are a Full Practitioner would be £62.00. If you wish to add the additional Personal Accident policy the premium payable would be £62.00 + £11.20 = £73.20

Limit of Liability £6,000,000	Malpractice Premium	DAS	Net Insurance Cost	Insurance Premium Tax (IPT) @ 12%	Balens Admin Fee	Total Premium Payable
Full Practitioner	£38.24	£8.19	£46.43	£5.57	£10.00	£62.00

Limit of Liability £4,000,000	Malpractice Premium	DAS	Net Insurance Cost	Insurance Premium Tax (IPT) @ 12%	Balens Admin Fee	Total Premium Payable
Student	£10.00	£3.10	£13.10	£1.57	£5.33	£20.00

Optional Personal Accident Cover

Please see Key Facts sheet (enclosed)

Personal Accident Premium	Insurance Premium Tax (IPT) @ 12%	Total premium payable
£10.00	£1.20	£11.20

Activities List

Standard Activities covered, strictly subject to suitable qualifications held. If you are adding any new activities, please also enclose copies of your qualifications.

Advanced Sound-Wave Energy Therapy	Indian Head Massage
Alexander Technique	Integrated Energy Therapy
Allergy Testing	Integrative Medicine
Angel Therapy	Iridology
Animal Therapy	Jikiden Reiki
Aromatherapy	Kinesiology
Aura-Soma	Kinesis Myofascial Integration
Autogenic Therapy	Kinetic Energy
Aromatherapy	Love Heals! Teacher training
Art Therapy	Life Coaching
Assemblage Point Shifting	Light Touch Therapy
Astrology	Lightning Process practitioners
Aura-Soma	Magnet Therapy
Auricular Therapy (Non-invasive, without needles)	Mahayana Chi
Autogenic Therapy	Manual Lymph Drainage Category 1 & 2
Baby Massage	Massage (including deep tissue)
Bach Remedies	Ministers, Officiants, Intuitives and Mediums
Bi Aura	Meditation & Psychic Awareness
Bicom & Bioresonance	Meditation & Mind Instruction
Biodynamic Psychotherapy	Mediumship
Biodynamic Massage	Meridian Energy Techniques
Bio Kinetics	Metamorphic Technique
Bio Magnetic Therapy	Naturopathy (Live blood analysis Class 3)
Bionetics	Neuro Linguistic Programming
Body Harmony	Neuroflexology
Bowen	Nutrition Therapy
Breathing Therapy / Breathing Massage	Phytobiophysics
Chi Kung	Pilates (including Gyrotonics)
Clinical Hypnotherapy	Polarity Therapy
Cognitive Therapy	Psycho-Somatic Treatments
Colour Therapy	Psychology
Counselling	Psychology of Vision and Oneness
Cranio Sacral Therapy	Psychotherapy (including Jungian Analysts)
Crystal Therapy	Psych-K
Crystal Wand Healing Facial	Psychosexual Counselling
Deep Draining-Psycho-Postural Treatment	Qi Gong
Diet and Nutrition	Radionics
Dowsing for Stress Release	Reconnective Healing
Dream Analysis	Reflexology
Educational Kinesiology	Reflex Zone Therapy
EFT	Reiki
Electro Crystal Therapy / Electro Gem Therapy	Relaxation Therapy
EMDR	Rhythmical Massage Therapy
Energy Field Therapy	Shamanism
Energy Interference Patterning	Shiatsu
Energy Release Systems (Jin Shin) Jyutsu	Sound Healing
Enneagram	Sound Therapy
Em Power Therapy	Spiritual Healing
Equine Assisted Psychotherapy	Spiritual Psychotherapy
Facial Massage	Sports Massage
Feng Shui	Stress Management
Hand Massage	Tai Chi (Non Combat)
Healing	Tellington Touch
Health & Personal Development	The Form Reality Practice
Hearing Therapy	Thought Field Therapy
Herbal Medicine	Time Line Therapy
Holistic Education Therapy	Vegetotherapy
Holographic Re-patterning	Vibrational Medicine
Homoeopathy	Visualisation
Hopi Ear Candling	Vitamin & Mineral Therapy
Hot Stones	Vortex healing
Hypnotherapy	Yoga

DECLARATION FORM

- I have never been convicted of, or charged (but not yet tried) with any criminal offence, other than motoring offences, or offences that are spent under the Rehabilitation of Offenders Act 1974.
- I have never had a proposal or renewal for insurance declined or cancelled; a policy voided, withdrawn or suspended, or special terms imposed by an insurer.
- I have had no claims, nor am I aware of any circumstances which could give rise to a claim, under the policy involving negligence, error or omission.
- I have never had any disciplinary hearings made against me, nor am I aware of any circumstances which may result in a claim or suit being made against me.
- I have never been the subject of a winding-up order or company/individual voluntary arrangement with creditors; or been placed into administration, administration receivership or liquidation.

If the answer is Yes to any of the above questions, please ensure full details have been disclosed to us in a clear and accessible manner and have not been misrepresented to us.

By signing the form below I declare that the statements and particulars in this proposal are true and complete. I have made a fair presentation of the risk and have not misrepresented or suppressed any material facts. I agree to the contract of insurance being prepared using the information I have supplied in this form along with any associated information I have supplied. I shall inform you of any material alteration to those facts and/or the information supplied before completion of the contract of Insurance. I can also confirm I have read, understood and agree to accept the Balens Terms of Business letter attached. A copy of the policy wording is attached for your attention.

Important Note: This policy is for individuals only (including proprietor only limited companies). If you employ or use other Health and Wellbeing Professionals or if you take payments, bookings or advertise for other Health and Wellbeing Professionals, this policy may not be suitable – please contact Balens for guidance.

You must be a current member of The British Association of Therapists and Hypnotherapists at all times in order to take out this policy, if you are not or you do not renew your membership with them, the insurance could be declared void.

Signed: Dated: 2018

Title:

Surname: First name:

Trade name:

Address:

Postcode: Email:

Phone Number: Date of Birth:

What date do you require your new policy to start from?

Please tick to confirm the option you require	Please enter total premium payable
£6,000,000 <input type="checkbox"/>	
£4,000,000 – Student <input type="checkbox"/>	
Personal Accident <input type="checkbox"/>	

Please state in the boxes below the activities you require insurance cover for. Please provide us with copies of your qualifications for the activities. Cover will be provided subject to suitable qualifications held.
