



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 proposal 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®

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.



ARCHTI Affinity Scheme – UK

Policy runs from 17th February 2018 – 16th February 2019

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 £60.39. If you are joining the scheme after the first quarter the rates will reduce as per the table below. If you wish to add the additional Personal Accident policy the premium payable would be £60.39 + £11.20 = £71.59

Limit of Liability £4,000,000 Full Practitioner	Malpractice Premium	DAS	Net Insurance Cost	Insurance Premium Tax (IPT) @ 12%	Balens Admin Fee	Total Premium Payable
17 Feb – 16 May	£40.00	£8.19	£48.19	£5.78	£6.42	£60.39
17 May – 16 Aug	£30.00	£8.19	£38.19	£4.58	£4.82	£47.59
17 Aug – 16 Nov	£20.00	£4.10	£24.10	£2.89	£3.21	£30.20
17 Nov – 16 Feb	£10.00	£4.10	£14.10	£1.69	£1.61	£17.40

Limit of Liability £4,000,000 Student	Malpractice Premium	DAS	Net Insurance Cost	Insurance Premium Tax (IPT) @ 12%	Balens Admin Fee	Total Premium Payable
17 Feb – 16 May	£20.00	£3.10	£23.10	£2.77	£4.71	£30.58
17 May – 16 Aug	£15.00	£3.10	£18.10	£2.17	£3.53	£23.80
17 Aug – 16 Nov	£10.00	£1.55	£11.55	£1.39	£2.36	£15.30
17 Nov – 16 Feb	£5.00	£1.55	£6.55	£0.79	£1.18	£8.52

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.

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

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 with ARCHTI 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:** **2018/19**

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?

ARCHTI Registered Membership Number

Please Tick to confirm the option you require	Please enter Total premium payable
£4,000,000 – Full <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.

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