



## ***BLOCK INSURANCE SCHEME***

Policy runs from 1<sup>st</sup> June, 2016 to 31<sup>st</sup> May, 2017

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

<b>INDEMNITY LIMIT</b>	<b>UK £4,000,000</b>	<b>Personal Accident (optional) Key fact sheet attached</b>
<b>Full Practitioner</b>	<input type="checkbox"/> £51.00	£11.00

(All premiums include IPT and a Balen/Affinity Admin fee of £0-£15)

### ***SHORT PERIOD RATE TABLE FOR NEW MEMBERS***

- Your Scheme has common renewal date for all Members of 1<sup>st</sup> June.
- In order to take your cover round to this date, the **premiums reduce according to when you join** as per the table below.

<b>DATE:</b>	<b>June- Aug</b>	<b>Sep – Nov</b>	<b>Dec – Feb</b>	<b>Mar - May</b>
Standard £4M-UK	£51.00	£40.00	£27.00	£14.00

### **IMPORTANT NOTE**

**You must be a current member of the PLTA 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.**

### **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** ..... **Dated** .....

**Title** ..... **Surname** ..... **First name**.....

**Address**  
.....  
.....

**Phone Number** ..... **Email** .....

**Please state the therapies that you require cover for, subject to suitable qualifications held, in the box below. Please enclose copies of all qualifications.**


**Please make cheques payable to Balens and return with your completed form to:-  
Balens Limited, Bridge House, Portland Road, Malvern, WR14 2TA**

**Tel : 01684 - 893006    Telefax: 01684 – 891361**

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

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

Acupressure	Light Body DNA Activation Therapy
Alexander Technique	Life Coaching
Allergy Testing	Manual Lymph Drainage Category 1 & 2
Angel Therapy	Massage (including deep tissue)
Animal Therapy	Meditation & Psychic Awareness
Autogenic Therapy	Melchizedek
Aromatherapy	Naturopathy (Live blood analysis 50% load)
Astrology	Neuro Linguistic Programming
Assemblage Point Shifting	Nutrition Therapy
Aura Balance-Energy Field Therapy	On Site Massage
Aura-Soma	<b>Past Life Regression and Therapy</b>
Bach Remedies	<b>Past Life Energy Therapy</b>
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	<b>Smoking Cessation Therapy</b>
Creative Writing	Spiritual Psychotherapy
Dowsing for Stress Release	Sports Massage
Educational Kinesiology	Stress Management
Electro Acupressure	Tai Chi (Non Combat)
Electro Crystal Therapy / Electro Gem Therapy	Teaching Movement & Massage
E Lybra	Thought Field Therapy
Emotional Freedom	Touch for Health
Emo Trance	Vitamin & Mineral Therapy
Energy Balancing	Vortex healing
Energy Field Therapy	<b>Weight Management Therapy</b>
Energy Interference Patterning	Yoga
Enneagram	<b>PREMIUM LOADINGS</b>
Em Power Therapy	Acupuncture-Add 50% on top of premium.
Facial Threading	Colonic Hydrotherapy-Add 175% on top of premium
Feldenkrais Method	
Hearing Therapy	
Herbal Medicine	
Holographic Re-patterning	
Homeopathy	
Hopi Ear Candling	<b>We include many other therapies within this package at No additional premium. If your therapy is not listed, 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.</b>
Human Givens	
Hydrotherm Massage	
<b>Hypnotherapy</b>	
Indian Head Massage	
Intergrated Energy Therapy	
Iridology	
Kinesiology	
Kinetic Energy	

*For the purpose of insurance only, The PLTA are Introducer Appointed Representatives of Balens Limited,  
who are authorised and regulated by The Financial Conduct Authority*