

The Past Life Therapists Association Affinity Scheme - UK



BALENS HEALTH PROFESSIONALS COMBINED LIABILITY INSURANCE

Thank you for your enquiry and welcome to Balens.

This pack will help you assess if the Balens Health Professionals Combined Liability Insurance product is suitable for your needs and guide you through the process to get insured.

Our team is on hand to help if you need us – just call 01684 580771 or email info@balens.co.uk

WHAT'S IN THE PACK?

- **Guidance notes** to help you through the process of getting insured
- The **declaration form** you need to complete to apply for cover
- An **activities list** of common therapies/activities we insure
- A **premium guide** which may enable you to work out how much you will need to pay
- Our **Key Points & Terms of Business** document summarising who we are, who regulates us, the service we offer, insurance companies we use and other important information such as the complaints process
- A summary of the **Insurance Act 2015**, including **your responsibilities** to make a fair presentation of the risk at inception, renewal and whenever you request changes to your policy

SOME IMPORTANT LEGAL INFORMATION BEFORE YOU GET STARTED:

Please note the completion and submission of the declaration form does not bind you or us to enter a contract of insurance. More information may be required from you. In order to minimise the need for further clarification please answer all questions fully.

Based upon **your Insurance Act 2015 responsibilities**, you must make a fair presentation of the risk to us when completing the declaration form, 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.



BALENS
Specialist Insurance Brokers

"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.

GUIDANCE NOTES

IS THIS THE RIGHT INSURANCE FOR ME?

This policy is to cover you, and you alone, as a practicing health and wellbeing practitioner, irrespective of whether your business is set up as sole trader, partnership or limited company.

If you employ or use other Health and Wellbeing Professionals, or take payments, bookings or advertise for them you will need a different type of policy – please contact Balens for guidance on 01684 580771 or info@balens.co.uk

HOW DO I GET INSURED?

Easily – in a few simple steps:

1) Complete the declaration form and read the Key Points and Balens terms of business document:

- Answer all questions in full
- List all activities you:
 - currently perform
 - are a student in and for which you require cover for case study work
- Confirm agreement to the Balens terms & conditions
- You must be a current member of the The Past Life Therapists Association in order to take out this policy. If you are not your insurance cover could be declared void.

2) Get a premium:

Send the **declaration form** to us for a quote if:

- Any activity you perform is **NOT** on the activities list, **and/or**
- The list states an endorsement applies, **and/or**
- You have non-UK qualifications
- You practice an activity for which there is no recognised qualification and you would like us to consider insuring you on the basis of your experience

We will get back to you to confirm if we can offer cover, the premium and if any special terms/endorsements will apply – we may request more information to do this

If you have non-UK qualifications we will need you to complete an additional form

OR

Use the **premium guide** to calculate your price if:

- All your activities are on the **activities list**, and
- No endorsements apply, and
- all your qualifications were taken in the UK

Your price will be based on:

- The limit of indemnity you select; and
- Whether you select the optional sections of cover for Personal Accident and/or Business Equipment 'All Risks' cover.

3) Sign the declaration form and send to us with copies of your qualifications

Important things to note:

- Make sure you have answered all questions fully and agreed the terms & conditions
- We need copies of your qualifications for ALL activities performed
- If you are currently insured elsewhere we must receive your documentation BEFORE the expiry date of your current policy to ensure continuous cover.

You can provide documents:

- Scanned and emailed to info@balens.co.uk – remember to sign the declaration before scanning, OR
- By post to Balens Limited, Bridge House, Portland Road, Malvern, WR14 2TA

4) Get confirmation of cover:

We will start your policy from the date we receive your documents subject to your declaration being complete, agreeing the premium and (if applicable) special terms/endorsements.

5) Pay the premium: your payment options are:

TELEPHONE – when we call to confirm your price, or call us on 01684 580771 once we have received your form. We can:

- Take a single payment by debit/credit card, or
- Provide our account details and a reference for payment by online banking/BACS, or
- Set up an annual or monthly Direct Debit facility – please contact us for more information on these options

CHEQUE - Please note as we are currently working from home, we are **unable** to accept payments made by cheque. If this causes you any problems or concerns, please contact us.

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Premium Information

- **BALENS HEALTH PROFESSIONALS COMBINED LIABILITY INSURANCE: SECTION A: PROFESSIONAL LIABILITY AND MALPRACTICE INSURANCE**
- **COMMERCIAL LEGAL PROTECTION INSURANCE**

POLICY RUNS FROM 1 JUNE 2021 TO 31 MAY 2022

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. If you are joining the scheme after the first quarter the rates will reduce as shown.

£4,000,000 Full practitioner (£4M Full Practitioner)	Malpractice Premium	Legal Expenses	Net Insurance Cost	Insurance Premium Tax (IPT) @ 12%	Balens Admin Fee	Total Premium Payable
Jun 01 - Aug 31	£31.00	£8.19	£39.19	£4.70	£10.27	£54.16
Sep 01 - Nov 30	£23.25	£8.19	£31.44	£3.77	£7.70	£42.91
Dec 01 - Feb 28	£15.50	£4.10	£19.60	£2.35	£5.14	£27.09
Mar 01 - May 31	£7.75	£4.10	£11.85	£1.42	£2.57	£15.84

- **BALENS HEALTH PROFESSIONALS COMBINED LIABILITY INSURANCE: SECTION B: PERSONAL ACCIDENT INSURANCE (OPTIONAL COVER)**

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

- **BALENS HEALTH PROFESSIONALS COMBINED LIABILITY INSURANCE: SECTION C: BUSINESS EQUIPMENT 'ALL RISKS' INSURANCE (OPTIONAL COVER)**

Please contact Balens for further information if you would like Business Equipment 'All Risks' Insurance.

ACTIVITIES LIST

STANDARD ACTIVITIES COVERED, STRICTLY SUBJECT TO SUITABLE QUALIFICATIONS HELD.

Acupressure	Alexander Technique
Allergy Testing	Angel Therapy
Aromatherapy	Astrology
Baby Massage	Bach Remedies
Biodynamic Psychology	Bowen Therapy
Breathing Therapy	Cognitive Therapy
Colour Therapy	Counselling
Craniosacral Therapy	Crystal Therapy
Diet and Nutrition	Dowsing for Stress Relief
EMDR	Emotional Freedom Technique
Em-Power Therapy	Energy Field Therapy
Facial Massage	Feng Shui
Hand Massage	Healing
Herbal Medicine	Homeopathy
Hopi Ear Candles	Hot Stones
Hypnotherapy	Indian Head Massage
Integrated Energy Therapy	Iridology
Jikiden Reiki	Kinesiology
Kinetic Energy	Life Coaching
Light Touch Therapy	Lightning Process
Magnet Therapy	Manual Lymph Drainage Category 1 and 2
Massage (including Deep Tissue)	Meditation
Mediumship	Metamorphic Technique
Mindfulness	Myofascial Release
Neuro Linguistic Programming	Neuroflexology
Nutrition Therapy	On Site Massage
Past Life Therapy (Excluding False Memory Syndrome)	Phytobiophysics
Pilates (including machine work)	Pilates Matwork
Pre and Post Natal Massage	Pregnancy Massage
Psych-k	Psychology
Psychology of Vision	Psychotherapy
Qigong	Radionics
Reconnective Healing	Reflex Zone Therapy
Reflexology	Reiki
Relaxation Therapy	Rhythmical Massage Therapy
Shamanism	Shiatsu

Sound Healing	Sound Therapy
Spiritual Healing	Spiritual Psychotherapy
Sports Massage	Stress Management
Tai Chi (Non-Combat)	Tellington TTouch
Thought Field Therapy	Time Line Therapy
Vibrational Medicine	Visualisation
Vitamin and Mineral Therapy	Vortex Healing
Yoga	

STUDENT COVER

Provides cover for case studies and other work performed prior to gaining your qualification. The conditions of cover are as follows: Ongoing case consultation with your tutor, clients must be told that you are not qualified, you cannot practice outside the scope of what you have been taught and any charges/expenses made must be less than a qualified therapist.

DECLARATION FORM



This policy is to cover you, and you alone, as a practicing health and wellbeing practitioner, irrespective of whether your business is set up as sole trader, partnership or limited company. If you employ or use other Health and Wellbeing Professionals, or take payments, bookings or advertise for them you will need a different type of policy – please contact Balens for guidance.

Please tick to confirm you require cover as an individual practitioner:

I can confirm I am a current member of The Past Life Therapists Association and understand it is a condition of my insurance I maintain my membership.

Sole Trader <input type="checkbox"/>	Limited Company (Ltd) <input type="checkbox"/>	Public Limited Company (Plc) <input type="checkbox"/>
Partnership <input type="checkbox"/>	Limited Partnership (LP) <input type="checkbox"/>	Limited Liability Partnership (LLP) <input type="checkbox"/>

What is the name of your Business?

Title (Mr./Mrs./Dr. etc.): _____ Name of the practicing individual: _____

Address: _____

Postcode: _____ Tel: _____ Mob: _____

Email: _____

Date of Birth: _____ Date you require the policy to start: _____

Your Activities

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

If there is an activity you practice that is not listed on the 'Activities List', please provide us with as much information as you can in the space below.

Your Premium

Section A: Professional Liability & Malpractice Insurance

Please tick to confirm the option you require	Please enter total premium payable
£4,000,000 Full practitioner (£4M Full Practitioner) <input type="checkbox"/>	

Section B: Personal Accident Insurance (optional cover)

Do you require Personal Accident Insurance?	Yes/No
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Total Premium

Please calculate your total premium payable:	£
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DECLARATION FORM - Continued

Questions	Yes	No
Have you ever 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?		
Have you ever had a proposal or renewal for insurance declined or cancelled; a policy voided, withdrawn or suspended, or special terms imposed by an insurer?		
Have you ever had any claims, or are you aware of any circumstances which could give rise to a claim, under the policy involving negligence, error or omission?		
Have you ever had any disciplinary hearings made against you, or are you aware of any circumstances which may result in a claim or suit being made against you?		
Have you or any director or partner been the subject of, or have proceedings or applications pending for, any winding up order, receivership, debt relief, liquidation, administration, county court judgement (CCJ), company or individual voluntary agreement, bankruptcy or insolvency?		

If the answer is Yes to any of the above questions, please disclose full information to us in a clear and accessible manner below:

Have you read, understood and agree to accept the Balens Terms of Business letter enclosed?	<input type="checkbox"/>
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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.

A copy of the policy wording is attached for your attention.

Signed:

Dated:

RETURNING YOUR FORM

PLEASE COMPLETE AND RETURN THE DECLARATION FORM ALONG WITH COPIES OF YOUR QUALIFICATIONS TO:
BALENS LTD, BRIDGE HOUSE, PORTLAND ROAD, MALVERN, WR14 2TA
OR EMAIL: INFO@BALENS.CO.UK