



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 payment, bookings or advertise for other Health and Wellbeing Professionals, this policy may not be suitable – please contact Balens for guidance.

What do I need to do?

- 1) Check the activity sheets for the activity that you practice. The activities fall into different categories depending on the risk of the activity. You can add as many activities to the policy as you like, providing you hold a suitable qualification. If you hold separate qualifications in different categories you will only need to pay the highest category rate. This will then include all the lower risk activities. 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 Euro currency cheque which needs to be made payable to Balens Ltd, call us with card details once we have received your form.
- 3) You must take care in answering all the following questions which are relevant to the Insurer in providing this insurance and setting the terms and premium. Please contact us if you do not understand the question or the nature of the information required or please seek guidance from us. Failure to provide information or the provision of incomplete or inaccurate information may result in the loss of cover or other remedies.
- 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) You must tell us as soon as practically possible about any changes to the information you have provided to us which happened before or during any period of insurance. We will tell you if such a change affects your insurance and if so, whether the change will result in revised terms and/or premium being applied to your policy. If you do not inform us about a change it may affect any claim you make or could result in your insurance being invalid.

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: 0044 1684 – 580771
www.balen.co.uk

Fax: 00 44 1684 – 891361
info@balen.co.uk

“We care for the Carers”

Established 1950 – Over 60 years of Service & Personal Support

Balens Ltd are Authorised & Regulated by the Financial Conduct Authority





ARCHTI Affinity Scheme - Republic of Ireland

Policy runs from 17th February 2020 to 16th February 2021

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 €85.00. If you are joining the scheme after the first quarter the rates will reduce as per the table below.

Limit of Liability €6,000,000	Malpractice Premium	DAS	Net Insurance Cost	3% Irish Government Levy	2% Irish Compensation Fund Levy	Affinity Fee	Balens Admin Fee	Total Premium Payable
17 Feb – 16 May	€51.81	€12.00	€63.81	€1.91	€1.28	€4.00	€14.00	€85.00
17 May – 16 Aug	€38.86	€12.00	€50.86	€1.53	€1.02	€4.00	€10.50	€67.90
17 Aug – 16 Nov	€25.91	€6.00	€31.91	€0.96	€0.64	€4.00	€7.00	€44.51
17 Nov – 16 Feb	€12.95	€6.00	€18.95	€0.57	€0.38	€4.00	€3.50	€27.40

Limit of Liability €6,500,000	Malpractice Premium	DAS	Net Insurance Cost	3% Irish Government Levy	2% Irish Compensation Fund Levy	Affinity Fee	Balens Admin Fee	Total Premium Payable
17 Feb – 16 May	€71.81	€12.00	€83.81	€2.51	€1.68	€4.00	€14.00	€106.00
17 May – 16 Aug	€53.86	€12.00	€65.86	€1.98	€1.32	€4.00	€10.50	€83.65
17 Aug – 16 Nov	€35.91	€6.00	€41.91	€1.26	€0.84	€4.00	€7.00	€55.01
17 Nov – 16 Feb	€17.95	€6.00	€23.95	€0.72	€0.48	€4.00	€3.50	€32.65

Limit of Liability €6,000,000 STUDENT	Malpractice Premium	DAS	Net Insurance Cost	3% Irish Government Levy	2% Irish Compensation Fund Levy	Balens Admin Fee	Total Premium Payable
17 Feb – 16 May	€15.00	€6.00	€21.00	€0.63	€0.42	€7.95	€30.00
17 May – 16 Aug	€11.25	€6.00	€17.25	€0.52	€0.35	€5.96	€24.08
17 Aug – 16 Nov	€7.50	€3.00	€10.50	€0.32	€0.21	€3.98	€15.01
17 Nov – 16 Feb	€3.75	€3.00	€6.75	€0.20	€0.14	€1.99	€9.08

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.

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

STUDENT COVER

Please complete this section if you require cover as a student.

Questions:	Yes	No
Are you currently a student?		
Do you undertake ongoing case consultation with your tutor?		
Do you always inform your clients you are not qualified?		
Do you only practice within the scope of what you have been taught?		
Are your charges/expenses less than a qualified therapist?		

DECLARATION FORM

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 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 provide full details in a clear and accessible manner below;

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Question:	Yes	No
Have you read, understood and agree to accept the Balens Terms of Business letter enclosed?		

You must be a current member with ARCHTI in order to take out this policy. If you are not or if you do not renew your membership your policy may be declared void.

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 enclosed for your attention.

DECLARATION FORM – Continued

Title:	Forename(s)	Surname
Trade Name:		
Address:		
Eircode:	Email:	
Telephone number:	Date of Birth	

Signed	Dated
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Options	Please tick to confirm the option you require	Please enter total premium payable
€6,000,000 - Practitioner	<input type="checkbox"/>	
€6,500,000 - Practitioner	<input type="checkbox"/>	
€6,000,000 - Student	<input type="checkbox"/>	

Please state in the boxes below the activities you require insurance cover for 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.

Signing this proposal form does not bind you to enter into this insurance.

The Insurer and you are entitled to choose the law that will govern this contract of insurance.

We propose Irish law and this will apply unless otherwise agreed.

No cover is in force until this proposal is accepted by the insurer and the premium is paid. The insurer reserves the right to decline any insurance proposal or to offer different premium and terms from those quoted depending on the information you have provided.