

MALPRACTICE, PROFESSIONAL INDEMNITY, PUBLIC & PRODUCTS LIABILITY INSURANCE SCHEME

TO ARRANGE COVER, FOLLOW THESE INSTRUCTIONS:

This policy is underwritten on a "Claims Made" basis and therefore must be in force at the time a claim is made against you. If you have been previously insured then this policy will give retro-active cover for the treatments given during the previous period of cover.

1. You must hold a qualification recognised by Holistic Insurance Services.
2. Complete the proposal form and include all documentation
3. **Enclose your cheque for the correct premium**
4. **Enclose copies of your Qualification Certificates**
5. Send all of the above to:

Holistic Insurance Services, 183a Watling Street West, Towcester, Northants NN12 6BX

ANNUAL PREMIUMS:

Malpractice, Public & Products Liability*	Limit of Indemnity	<u>Premium</u>
Including retroactive cover for previously insured periods Run-off cover if you cease to practice Libel and slander/breach of confidentiality Jury Service compensation Legal Helpline Legal defence costs in respect of claims made under the policy	£2,500,000 inclusive of defence costs and expenses	£150.00
Optional extensions: Legal Expenses* For legal defence of non motor criminal and civil actions, tax protection, licence protection, legal helpline.	Limit up to £ 100,000	£15.00
Personal Accident* Death/Permanent Disability Weekly Benefit after 14 days	Limit £ 2,500 Limit £ 25 (figures are for 1 unit of cover)	£6.50 per unit, maximum 5 units
Business Equipment*	Up to £ 1,000 Up to £ 2,500	£ 60.00 £ 80.00
* Terms and conditions apply. A copy of the policy wording is available upon request		All figures include Insurance Premium Tax at 5% and Administration Fee

Policies are issued on a 12 month basis. Refunds are not given after the first 30 days of cover due to the nature of the insurance.

Holistic Insurance Services 183a Watling Street West, Towcester, Northants NN12 6BX

Tel: 01327 354249

Fax: 01327 353555

www.holisticinsurance.co.uk

APPROVED THERAPIES

**Please note therapies listed with a + do carry an additional premium, please contact us and we can advise you of the premium, therapies that are not marked are included within the standard price
For unlisted therapies please call to see if we can consider them.**

*Excludes any stage or entertainment hypnosis/cover endorsements apply

**Excludes treatment of Professional Sports Persons or Entertainers. This is available at an additional premium

Acupressure	Acupuncture +	Acupuncture incl Moxibustion and Cupping +
Addiction Therapy	Airbrush Tanning +	Alexander Technique
Allergy Testing	Allergy Therapy	Amatsu
Angel Therapy	Angelic Reiki	Animal Communication
Animal Manipulation + *	Antenatal Education	Antenatal Exercise
Aqua Detox	Aqua Natal Training	Aromatherapy
ART (Active Release Technique) Therapy	Art Therapy	Auricular Acupuncture +
Autogenic Training	Ayurveda	Baby Massage Instructor
Baby Yoga	Bach and Australian Bush Flower Remedies	Balinese Massage
Beauty Therapy + *	Bio Detox Therapy	Bio-Energy Therapy
Bio-Resonance	Biomagnetic Therapy	Biomechanic Therapy
Birth and Postnatal Doula	Body Alignment Technique	Body Analysis
Bowen for Horses + *	Bowen for small animals + *	Bowen Technique
Buteyko Breathing Method	Chakra Balancing	Chi Kung / Qi Gong
Chi-do therapy	Child, Adolescent and Family Therapy	Clinical Camouflage
Clinical	Coaching *	Colonic Hydrotherapy +
Hypnotherapy/Psychotherapy	Colour Breathing	Colour Therapy
Colour and Image Consultancy	Craniosacral Therapy	Crystal healing
Counselling	Dance Teacher	Daoyin Tao
Cymatics	Dermal Fillers +	Diet and Nutrition Advice
Depilation + *	Drama & Movement Therapy	Dream Analysis
Dowsing *	Ear Piercing (lobe only) + *	Egyptian Sekhem Reiki
Ear Candling *	Electro Crystal Therapy	Electro- Stimulation Therapy
Electrical Epilation + *	Emotional Freedom Technique (EFT)	Energy Healing
Electro Crystal Therapy	Exercise/Fitness Instruction	Eye Movement De-Sensitisation Reprogramming (EMDR)
Equine Therapies + *	Faradism	Feng Shui
Facial and Body Beauty Therapy	Gentle Spinal Works +	Glycolic Peels + *
Foot Detox Treatment	Healer Dowsing	Healing Including Animals
Hand Reflexology	Hellerwork	Herbalism
Healthy Eating Advice *	Holographic Repatterning	Homeopathy
Holistic Podiatry	Hydrotherapy	HypnoBirthing *
Huna	Image Consultancy	Indian Face Massage
Hypnotherapy *	Interpersonal Training	IPL (Intense pulsed light) + *
Indian Head Massage	Journey Therapy	Kairos/Shen Therapy
Iridology	Life Coaching	Life Skills Consultancy
Kinesiology	Light Touch Therapy	Massage
Light Therapy	Magnetic Therapy	Manicure and Pedicure
Low Level Laser Therapy *		

Manual Lymphatic Drainage	Meditation	Mentoring
Meridian Therapies	Metabolic Typing	Metamorphic Technique
Metabolic Typing	Microdermabrasion +	Micropigmentation + *
Music Therapy	Nail Care including Nail Extensions	Naturopathy
Neuro-Linguistic Programming *	Neuromuscular Therapy	<i>NO HANDS</i> ® Massage
Nutrition	On Site Massage	Ozone Therapy + *
Past Life Regression	Personal Training	Phytobiophysics
Phytotherapy,	Pilates	Polarity Therapy
Pranic Healing	Psychotherapy	Pulsing
Quantum-Touch	Radionics	Raindrop Therapy
Reconnective Healing	Red Vein Treatment + *	Reflexology
Reiki	Remedial & Sports Massage **	Scenar Therapy
Seated Acupressure	Seichem	Seiki
Self Tanning +	Semi Permanent Make Up + *	Shamanic Healing
Shiatsu	Smoking cessation therapy *	Sound therapy
Spinal Touch	Spiritual coaching	Spiritual Healing
Stress Therapy	Tai Chi	Terra-Mai Reiki/Seichem
Thai Massage *	Thai Yoga Massage	The Trager Approach
Thought Field Therapy	Threading and Tweezing +	Time Line Therapy
Touch For Health	Trager Approach	Trigger Point Therapy
Tui Na Massage	Tuning Fork Therapy	Ultra Sound Therapy
Vibrational Medicine	Water Shiatsu *	Waxing/Depilation + *
Weight Management Consultancy	Yoga Teaching/Therapy	Zero Balancing

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INSURANCE PROPOSAL FORM
Malpractice/Professional Indemnity/Public/Products Liability Insurance
 (Claims Made Basis)

Please complete in blue or black ink. Make sure that everything is legible. This form is scanned electronically. Please answer all questions. No Insurance is in force until confirmation has been given. The completion of this form does not bind either you or the insurer in contract.

Name including any Trading name

Correspondence Address

Postcode

Telephone Number

Therapies that you wish to cover:
Please enclose a copy of your certificate/diploma

	Therapy	Dates / Duration of Course	Teacher / College
1	Micropigmentation		
2			
3			
4			
5			

Please use a separate sheet if you have more therapies that you require cover for.

Some therapies not included on the approved therapies list may require an increase in premium.

Are you a member of any Professional Organisation? If yes, please list

Yes No

Have you ever been subject to a disciplinary hearing or suspended from any Professional Organisation Yes No

Have you ever been subject to a disciplinary hearing or suspended from any Professional Organisation Yes No

Do you carry or have you carried Professional Indemnity Insurance during the last 12 months Yes No

If yes, please provide

<i>Name of Insurer</i>	
<i>Limit of Indemnity</i>	
<i>Expiry date of the policy</i>	

Have you had any claims or suits for negligence, errors or omissions been made against you or are you aware of any circumstances which may result in any such claims being made against you Yes No

Has any Insurer ever cancelled, declined refused to renew or accepted on special terms your professional insurance Yes No

If yes to either of these questions please give details on a separate sheet and you will be contacted.

Do you wish to have the Legal Expenses Cover Yes No

(Please note your policy automatically includes cover for legal defence costs arising from a claim under the malpractice/treatment public and products liability sections of the policy up to your chosen limit of indemnity)

Do you wish to have the Personal Accident Cover Yes No

If Yes Number of Units required 1-5

Date Insurance to commence

I hereby declare and warrant the above statements and particulars are in all respects complete and true, that they are material, and that I have not suppressed or misstated any material facts and I agree that this proposal form shall be the basis of the contract with the underwriters and deemed to be part of the insurance coverage issued to me.

Signature of Proposer Date.....

Please forward all documentation to:

Holistic Insurance Services, 1/183A Watling Street West, Towcester, Northants, NN12 6BX

Telephone number 01327 354249 Fax Number 01327 353555

PAYMENT

Payment by cheque to HIS Switch/Delta Visa/Mastercard

Note a fee of 2.5% is added to credit card payments

Card number:

Expiry date: ___/___ Issue number (Switch only) _____ Valid From Date ___/___

Card security code:

Please make payment with order: we will not cash your payment unless your application is approved. Please allow up to 5 - 10 days for processing.

Holistic Insurance Services is authorised and regulated by the Financial Services Authority

The insurance is underwritten by Saturn* on behalf of Royal & SunAlliance Insurance company plc. 130/132 High Street, Chesham, Bucks. HP5 1EF.

(*Saturn is a trade name of Martello Professional Risks Ltd a wholly owned subsidiary of R&SA)