



**In conjunction with Your Professional Association or Training Provider**

181a Watling Street West, Towcester, Northants, NN12 6BX  
Tel: 0345 222 2236 or 01327 354249 Fax: 0345 222 2237 Email: [info@holisticinsurance.co.uk](mailto:info@holisticinsurance.co.uk)  
[www.holisticinsurance.co.uk](http://www.holisticinsurance.co.uk)

### **Standard Cover**

#### **Malpractice, Professional Indemnity, Public & Products Liability\***

The policy is written on a "Losses occurring" basis, so as long as the policy is in force when the incident happened, then subject to the policy wording, terms and conditions the claim will be dealt with by your insurers. The policy includes:

Retroactive cover for previously insured periods

Libel & slander

Legal defence costs in respect of claims made under the policy

**Limit of indemnity** - Any one claim and in total in the period of insurance including legal defence costs - **£5,000,000 – reducing to £ 2,500,000 for working with animals - Qualified practitioner**

**Underwritten by Novae Underwriting Ltd for certain syndicates at Lloyd's.**

#### **Optional extension:**

**Business Equipment \*** - Cover is available for business equipment; please contact us if you would like a quote .

#### **Legal Expenses \***

This section is underwritten on a "Claims Made" basis and therefore must be in force at the time a claim is notified to Insurers.

Including:

Criminal prosecution defence,

Data Protection Act prosecution,

Inland Revenue and PAYE investigation,

Representation in connection with a disciplinary hearing being conducted by a Membership Association to which you belong,

Social Media Defamation

Contract Disputes

Debt Protection

Jury service compensation

The policy will pay legal costs (including solicitors fees, court costs, expenses for expert witnesses, attendance expenses and accountant's fees) up to a limit of indemnity of £100,000 for any one claim (£500,000 in the aggregate).

#### **24 hour Legal advice line**

**Counselling Service** – you have access to a free confidential telephone counselling service, provided by professionally qualified counsellors.

**The legal expenses and helplines are provided by Arc Legal Assistance**

\* Terms and conditions apply. A copy of the insurance wording is available upon request.

**Individual sections are not available on their Own**

|  |   |
|--|---|
| <b>Standard premium</b><br><br>The standard premium does not include the following and if you require cover for these you should add the additional premium. | <b>£ 53.25</b> this made up of :<br>This is made up of:<br>Premium Liability Section £ 25.50. Insurance Premium Tax £3.06<br>Legal Expenses Section Premium £ 5.00<br>Insurance Premium Tax £ 0.60<br>Fee £ 19.09 |
|  | <b>Additional Premiums</b>  |
| Acupuncture  | <b>£ 31.00</b> Premium £ 27.68<br>Insurance Premium Tax £ 3.32  |
| Traditional Chinese Herbal Medicine – this includes cover for Acupuncture if required.   | <b>£ 40.00</b> Premium £ 35.71<br>Insurance Premium Tax £4.29   |
| Colonic Hydrotherapy.  | <b>£72.75</b> Premium £64.96<br>Insurance Premium Tax £7.79   |
| Business Consultancy A copy CV is required and you must have another discipline that we cover as standard  | <b>£ 57.00</b> Premium £ 50.89<br>Insurance Premium Tax £6.11   |
| McTimoney Human or Animal  | <b>£ 101.95</b> Premium £ 91.03<br>Insurance Premium Tax £ 10.92  |
| Equine Sports Massage  | <b>£ 61.60</b> Premium £ 55.00<br>Insurance Premium Tax £ 6.60  |
| Other Animal Treatments  | <b>£ 16.80</b> Premium £ 15.00<br>Insurance Premium Tax £ 1.80  |
| <b>Total Premium Due</b>   | <b>£</b>  |

This list is not exhaustive and we reserve the right to request an additional premium if deemed necessary. You will be contacted if this is required.  
Premiums are valid from 1<sup>st</sup> June 2017 and are subject to change in the event of a change in Govt Legislation.

### **Check list**

#### **I have enclosed the following:**

1. The completed proposal form
2. A copy of my qualification(s)
3. My membership number or a copy of my membership certificate

We try to process applications on the day of receipt but please allow 5 working days .

Send all of the above to:

**Holistic Insurance Services 181a Watling Street West, Towcester, Northants NN12 6BX or by**

**Email to [info@holisticinsurance.co.uk](mailto:info@holisticinsurance.co.uk)**

**Please note that if we have to collect your post because you have not paid the correct postage there will be a delay and the additional charge will be applied.**

**INSURANCE PROPOSAL FORM QUALIFIED MEMBERS**  
**Malpractice/Professional Indemnity/Public/Products Liability Insurance**  
(Losses Occurring 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. If you are in any doubt in relation to any questions in this Proposal Form, please contact us.

**Membership Association and number if applicable or Training Provider**  
**We will not be able to process your application without this information**

Name and title

Business trading name or Limited Company name

Correspondence Address

Postcode

Telephone Number

Email address

Therapies that you wish to cover:

|   | A. Therapy | B. Dates / Duration of the Training Course you are attending ( for students only) | C. Teacher / College ( for students only) |
|---|------------|---|---|
| 1 |            |   |   |
| 2 |            |   |   |
| 3 |            |   |   |
| 4 |            |   |   |

**Please enclose a copy of your qualification certificate or diploma this must not be from a distance learning provider. Or complete sections B and C if you are a student.**  
**We reserve the right to refuse qualifications that do not meet National Occupational Standards if applicable. If you are in any doubt then please contact us.**  
**Some therapies may require an increase in premium or special terms.**  
**Please do not send original certificates as we cannot guarantee their safe return.**

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

Do you require cover to train others to become Practitioners?

Yes  No

If yes do you deliver a third party course on behalf of another training provider e.g college or school who remunerate you for the training that you do?

Yes  No

If No please contact us for details.

**Questions**

- 1) (a) Do you maintain client's records and retain them for at least 5 years?  Yes  No  
(b) If you have not done this in the past or you are just starting in business please confirm that you will do this.  Yes  No

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

3) Have you held insurance for your business in the last 12 months?  Yes  No

If yes please provide the following information:

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

4) 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

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

6) Have you ever been convicted of, or cautioned for (or charged but not yet tried with) any criminal offence (other than motoring offences)?  Yes  No

7) Are you aware of any circumstances which may be material to the Insurer's decision on whether to issue you with a policy, the terms of the policy or the amount of premium to charge you?  Yes  No

If yes to questions (2), (4), (5), (6) or (7) above, please give full details on a separate sheet submit and enclose same when submitting this Proposal Form and you will be contacted.

Date Insurance to commence 

|     |       |      |
|-----|-------|------|
| Day | Month | Year |
|     |       |      |

**This date must be within 14 days of you signing this proposal form. If you do not put a date, then we will issue cover from the date that we process your application.**

You must disclose any material facts that the Insurer may feel would influence their decision to underwrite the risk and if so at what premium. If you are unsure as to what a material fact is you should disclose the information or contact us for advice. Failure to do so may invalidate your policy

I declare that I have made a fair presentation of the risk by disclosing on this completed Proposal Form and enclosures all material circumstances which I know or ought to know or, failing that by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature of Proposer ..... Date .....

## PAYMENT

### METHODS OF PAYMENT (Please tick chosen option):

If you do not wish to put your card details on the form we will call you to take a card payment.

**By Debit/Credit card ( Visa and Mastercard only)**

Card number:

Expiry date: \_\_\_/\_\_\_ Issue number (Switch only) \_\_\_\_\_ Valid From Date \_\_\_/\_\_\_

Card security code:

If we are unable to process your application on the day of receipt this number will not be stored and you will be contacted to provide it.

Name of cardholder if different from the name on the proposal form

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Address the card is registered to if different to the address on the proposal form

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Email address of cardholder if different to the address on the proposal form

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**By cheque, bank draft or postal order** - made payable to Holistic Insurance Services.