



# BALENS



## What do I need to do?

- 1) Check the activity sheets for the activity that you practice. You can add as many activities to the policy as you like, providing you hold a suitable qualification. 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 cheque which needs to be made payable to Balens Ltd, write card details on a separate sheet or call us with card details once we have received your form.
- 3) Answer the questions on the Proposal form and read the declaration, then please make sure that you fill your details in clearly and hand sign and date the declaration form.
- 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) Please note the completion and submission of this form does not bind you or us to enter a contract of insurance. In order to minimise the need for further clarification please answer all questions fully. You understand that you must make a fair presentation of the risk to us when completing this form and 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.

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: 01684 – 580771 Fax: 01684 – 891361

[www.balens.co.uk](http://www.balens.co.uk) [info@balens.co.uk](mailto:info@balens.co.uk)

*“We care for the Carers”*

*Established 1950 – Over 60 years of Service & Personal Support*

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## ZURICH®

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A public limited company incorporated in Ireland. Registration No. 13460.

Registered Office: Zurich House, Ballsbridge Park, Dublin 4, Ireland.

UK Branch registered in England and Wales Registration No. BR7985.

UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ.

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## **British Society for Bioregulatory Medicine Affinity Scheme – UK**

### **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 £51.00. If you wish to add the additional Personal Accident policy the premium payable would be £51.00 + £11.00 = £62.00

<b>Limit of Liability £4,000,000</b>	<b>Malpractice Premium</b>	<b>DAS</b>	<b>Net Insurance Cost</b>	<b>Insurance Premium Tax (IPT) @ 10%</b>	<b>Balens Admin Fee</b>	<b>Total Premium Payable</b>
<b>Full Practitioner</b>	£31.99	£6.19	£38.18	£3.82	£9.00	<b>£51.00</b>

### **Optional Personal Accident Cover** - Please see Key Facts sheet (enclosed)

<b>Personal Accident Premium</b>	<b>Insurance Premium Tax (IPT) @ 10%</b>	<b>Total premium payable</b>
£10.00	£1.00	<b>£11.00</b>

## 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.

Advanced Sound-Wave Energy Therapy	Integrated Energy Therapy
Alexander Technique	Integrative Medicine
Animal Therapy	Iridology
Aromatherapy	Jikiden Reiki
Aura-Soma	Kenku
Autogenic Therapy	Kinesiology
Aromatherapy	Kinesis Myofascial Integration
Art Therapy	Kinetic Energy
Assemblage Point Shifting	Life Coaching
Astrology	Light Touch Therapy
Aura-Soma	Lightning Process practitioners
Auricular Therapy (Non-invasive, without needles)	Magnet Therapy
Autogenic Therapy	Mahayana Chi
Baby Massage	Manual Lymph Drainage Category 1 & 2
Bach Remedies	Massage (including deep tissue)
Bi Aura	Ministers, Officiants, Intuitives and Mediums
Bicom & Bioresonance	Meditation & Psychic Awareness
Biodynamic Psychotherapy	Meditation & Mind Instruction
<b>Bioregulatory Medicine</b>	Mediumship
Bio Kinetics	Meridian Energy Techniques
Bio Magnetic Therapy	Metamorphic Technique
Bionetics	Naturopathy (Live blood analysis Class 3)
Body Harmony	Neuro Linguistic Programming
Bowen	Neuroflexology
Breathing Therapy / Breathing Massage	Nutrition Therapy
Chi Kung	Phytobiophysics
Clinical Hypnotherapy	Pilates (including Gyrotonics)
Coaching	Polarity Therapy
Colour Therapy	Psycho-Somatic Treatments
Counselling	Psychology
Cranio Sacral Therapy	Psychology of Vision and Oneness
Crystal Therapy	Psychotherapy (including Jungian Analysts)
Crystal Wand Healing Facial	Psych-K
Deep Draining-Psycho-Postural Treatment	Psychosexual Counselling
Diet and Nutrition	Qi Gong
Dowsing for Stress Release	Radionics
Dream Analysis	Reconnective Healing
Educational Kinesiology	Reflexology
EFT	Reflex Zone Therapy
Electro Crystal Therapy / Electro Gem Therapy	Reiki
EMDR	Relaxation Therapy
Energy Field Therapy	Rhythmical Massage Therapy
Energy Interference Patterning	Shamanism
Energy Release Systems (Jin Shin) Jyutsu	Shiatsu
Enneagram	Sekkotsu
Em Power Therapy	Seitai
Equine Massage	Shinden
Facial Threading	Spiritual Psychotherapy
Feng Shui	Sports Massage
Hand Massage	Stress Management
Healing	Tai Chi (Non Combat)
Health & Personal Development	Tellington Touch
Hearing Therapy	The Form Reality Practice
Herbal Medicine	Thought Field Therapy
Holistic Education Therapy	Time Line Therapy
Holographic Re-patterning	Vegetotherapy
Homoeopathy	Vibrational Medicine
Hopi Ear Candling	Visualisation
Hot Stones	Vitamin & Mineral Therapy
Hypnotherapy	Vortex healing
Indian Head Massage	Yoga

## DECLARATION FORM

- I have never 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.
- I have never had a proposal or renewal for insurance declined or cancelled; a policy voided, withdrawn or suspended, or special terms imposed by an insurer.
- I have had no claims, nor am I aware of any circumstances which could give rise to a claim, under the policy involving negligence, error or omission.
- I have never had any disciplinary hearings made against me, nor am I aware of any circumstances which may result in a claim or suit being made against me.
- I have never 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 ensure full details have been disclosed to us in a clear and accessible manner and have not been misrepresented to us.**

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. I can also confirm I have read, understood and agree to accept the Balens Terms of Business letter attached. A copy of the policy wording is attached for your attention.

You must be a current member of the British Society of Bioregulatory Medicine to be eligible for this policy. If you are not the insurance cover could be declared void.

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

**Signed:**..... **Dated:**..... **2017/18**

**Title:**.....

**Surname:**..... **First name:**.....

**Trade name:**.....

**Address:**.....

**Postcode:**..... **Email:**.....

**Phone Number:**..... **Date of Birth:**.....

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

Please Tick to confirm the option you require	Please enter Total premium payable
£4,000,000 - Full <input type="checkbox"/>	
Personal Accident <input type="checkbox"/>	

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