



**In conjunction with
HOLISTIC INSURANCE SERVICES**

181a Watling Street West, Towcester, Northants, NN12 6BX UK
Tel: + 44 (0) 1327 354249, Fax:+44 (0) 845 222 2237 email info@holisticinsurance.co.uk
www.holisticinsurance.co.uk

Malpractice, Professional Indemnity, Public & Products Liability*	Limit of indemnity	Premium
<p>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:</p> <p>Retroactive cover for previously insured periods Libel & slander Jury service compensation Legal defence costs in respect of claims made under the policy</p> <p>Additional Benefits provided by First Assist</p> <p>24 hour Legal advice line provided by First Assist</p> <p>Counselling Service – you have access to a free confidential telephone counselling service, provided by professionally qualified counsellors.</p> <p>Health and Wellbeing - you have access to free health and wellbeing advice provided by teams of doctors, nurses and specialists, and also to an online health portal.</p> <p>*Terms and conditions apply. A copy of the policy wording is available upon request.</p>	<p>Full practitioner €5,000,000</p> <p>Any one claim and € 10,000,000 in total in the period of insurance.</p>	<p>€ 98.00</p> <p>Including Government Insurance Levies, Administration Fee and use of helplines</p>

POLICIES ARE ISSUED ON A 12 MONTH BASIS. REFUNDS ARE NOT GIVEN AFTER THE FIRST 30 DAYS OF COVER. THESE RATES ARE VALID TO 30TH JUNE 2014 SUBJECT TO ANY CHANGE IN GOVERNMENT LEGISLATION.



INSURANCE PROPOSAL FORM
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.

Name and title Mr, Mrs, Ms ,Other

Business trading name or Limited Company name

Correspondence Address

Telephone Number

Email address

Date Insurance to commence

Day	Month	Year
<input style="width: 90px; height: 20px;" type="text"/>	<input style="width: 90px; height: 20px;" type="text"/>	<input style="width: 90px; height: 20px;" type="text"/>

If you do not complete the boxes above the cover will start from the date on which we process your application. **This date must be within 30 days of you signing this proposal form.**

If you are a current member you **must** give your membership number:
 Or if you are just joining please put TBA.

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	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
2	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
3	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

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.

Are you a member of any other Professional Organisation? If yes, please list Yes No

Do you maintain client's records and retain them for at least 5 years? If you have not done this in the past or if you are just starting in business please confirm that you will do this.

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 or have you ever been insured by us before?

Yes No

If yes, please provide your previous membership ID or

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

A) 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

B) Has any Insurer ever cancelled, declined refused to renew or accepted on special terms your professional insurance?

Yes No

C) Have you ever been convicted of, or cautioned for (or charged but not yet tried with) any criminal offence (other than fixed penalty motoring offences)?

Yes No

D) Do you work with those aged under 16 without a parent or guardian being present?

Yes No

If yes to questions A, B, C or D above, please give full details on a separate sheet and you will be contacted.

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 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

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 Visa debit card

By other debit/lazer card

By credit card (we can only accept Visa and Mastercard)

Note a fee of 2.5% is added to credit card payments this does not apply to debit card payments.

Card number:

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

Card security code:

By cheque, bank draft or postal order - Payment should be in Euro and made payable to Holistic Insurance Services.

Check list

I have enclosed the following:

1. The completed proposal form
2. A copy of my qualification(s)
3. The correct payment

Please make payment with order, we try to process applications on the day of receipt but please allow 7 working days .

Send all of the above to:

Holistic Insurance Services 181a Watling Street West, Towcester, Northants NN12 6BX. UK

Holistic Insurance Services is a trading name of GINS Ltd
The insurance is underwritten by Novae Underwriting Limited underwriting for certain underwriters at Lloyd's
Authorised and Regulated by the Financial Conduct Authority