Bowen Therapy Professional Association Affinity Scheme - UK



BALENS HEALTH PROFESSIONALS COMBINED LIABILITY INSURANCE

Thank you for your enquiry and welcome to Balens.

This pack will help you assess if the Balens Health Professionals Combined Liability Insurance product is suitable for your needs and guide you through the process to get insured.

Our team is on hand to help if you need us - just call 01684 580771 or email info@balens.co.uk

WHAT'S IN THE PACK?

- Guidance notes to help you through the process of getting insured
- The declaration form you need to complete to apply for cover
- An activities list of common therapies/activities we insure
- A premium guide which may enable you to work out how much you will need to pay
- Our **Key Points** & **Terms of Business** document summarising who we are, who regulates us, the service we offer, insurance companies we use and other important information such as the complaints process
- A summary of the Insurance Act 2015, including your responsibilities to make a fair presentation of the risk at inception, renewal and whenever you request changes to your policy

SOME IMPORTANT LEGAL INFORMATION BEFORE YOU GET STARTED:

Please note the completion and submission of the declaration form does not bind you or us to enter a contract of insurance. More information may be required from you. In order to minimise the need for further clarification please answer all questions fully.

Based upon your Insurance Act 2015 responsibilities, you must make a fair presentation of the risk to us when completing the declaration form, 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.



"We care for the Carers" Established 1950 – Over 60 years of Service & Personal Support

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Balens Limited has passporting rights enabling us to carry out insurance transactions within EEA states. This business may not be regulated by the Financial Conduct Authority, however, we apply the same compliance protocol across all of our business.

GUIDANCE NOTES

IS THIS THE RIGHT INSURANCE FOR ME?

This policy is to cover you, and you alone, as a practicing health and wellbeing practitioner, irrespective of whether your business is set up as sole trader, partnership or limited company.

If you employ or use other Health and Wellbeing Professionals, or take payments, bookings or advertise for them you will need a different type of policy – please contact Balens for guidance on 01684 580771 or info@balens.co.uk

HOW DO I GET INSURED?

Easily – in a few simple steps:

1) Complete the declaration form and read the Key Points and Balens terms of business document:

- Answer all questions in full
- List all activities you:
 - currently perform
 - are a student in and for which you require cover for case study work
- Confirm agreement to the Balens terms & conditions
- You must be a current member of the Bowen Therapy Professional Association in order to take out this policy. If you are not your insurance cover could be declared void.

2) Get a premium:

Send the **declaration form to us for a quote** if:

- Any activity you perform is NOT on the activities list, and/or
- The list states an endorsement applies, and/or
- You have non-UK qualifications
- You practice an activity for which there is no recognised qualification and you would like us to consider insuring you on the basis of your experience

We will get back to you to confirm if we can offer cover, the premium and if any special terms/endorsements will apply – we may request more information to do this If you have non-UK qualifications we will need you to

OR Use the **premium guide** to calculate your price if:

- All your activities are on the activities list, and
- No endorsements apply, and
- all your qualifications were taken in the UK

Your price will be based on:

- The limit of indemnity you select; and
- Whether you select the optional sections of cover for Personal Accident and/or Business Equipment 'All Risks' cover.

3) Sign the declaration form and send to us with copies of your qualifications *Important things to note:*

- Make sure you have answered all questions fully and agreed the terms & conditions
- We need copies of your qualifications for ALL activities performed
- If you are currently insured elsewhere we must receive your documentation BEFORE the expiry date of your current policy to ensure continuous cover.

You can provide documents:

complete an additional form

- Scanned and emailed to info@balens.co.uk remember to sign the declaration before scanning, OR
- By post to Balens Limited, Bridge House, Portland Road, Malvern, WR14 2TA

4) Get confirmation of cover:

We will start your policy from the date we receive your documents subject to your declaration being complete, agreeing the premium and (if applicable) special terms/endorsements.

5) Pay the premium: your payment options are:

TELEPHONE – when we call to confirm your price, or call us on 01684 580771 once we have received your form. We can:

- o Take a single payment by debit/credit card, or
- o Provide our account details and a reference for payment by online banking/BACS, or
- o Set up an annual or monthly Direct Debit facility please contact us for more information on these options

CHEQUE - Please note, we are **unable** to accept payments made by cheque. If this causes you any problems or concerns, please contact us.

Bowen Therapy Professional Association Affinity Scheme - UK Premium Information

- BALENS HEALTH PROFESSIONALS COMBINED LIABILITY INSURANCE: SECTION A: PROFESSIONAL LIABILITY
 AND MALPRACTICE INSURANCE
- COMMERCIAL LEGAL PROTECTION INSURANCE

POLICY RUNS FROM 1 JULY 2023 TO 30 JUNE 2024

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. If you are joining the scheme after the first quarter the rates will reduce as shown.

£4,000,000 Full practitioner (£4M Full)	Malpractice Premium	Legal Expenses	Net Insurance Cost	Insurance Premium Tax (IPT) @ 12%	Balens Admin Fee	Total Premium Payable
Jul 01 - Jul 31	£24.00	£8.19	£32.19	£3.86	£11.94	£47.99
Aug 01 - Aug 31	£22.00	£8.19	£30.19	£3.62	£10.95	£44.76
Sep 01 - Sep 30	£20.00	£8.19	£28.19	£3.38	£9.95	£41.52
Oct 01 - Oct 31	£18.00	£8.19	£26.19	£3.14	£8.96	£38.29
Nov 01 - Nov 30	£16.00	£8.19	£24.19	£2.90	£7.96	£35.05
Dec 01 - Dec 31	£14.00	£8.19	£22.19	£2.66	£6.96	£31.81
Jan 01 - Jan 31	£12.00	£4.10	£16.10	£1.93	£5.97	£24.00
Feb 01 - Feb 29	£10.00	£4.10	£14.10	£1.69	£4.97	£20.76
Mar 01 - Mar 31	£8.00	£4.10	£12.10	£1.45	£3.98	£17.53
Apr 01 - Apr 30	£6.00	£4.10	£10.10	£1.21	£2.98	£14.29
May 01 - May 31	£4.00	£4.10	£8.10	£0.97	£1.98	£11.05
Jun 01 - Jun 30	£2.00	£4.10	£6.10	£0.73	£0.99	£7.82

£4,000,000 Student (£4M Student)	Malpractice Premium	Legal Expenses	Net Insurance Cost	Insurance Premium Tax (IPT) @ 12%	Balens Admin Fee	Total Premium Payable
Jul 01 - Jul 31	£8.00	£3.10	£11.10	£1.33	£6.85	£19.28
Aug 01 - Aug 31	£7.33	£3.10	£10.43	£1.25	£6.28	£17.96
Sep 01 - Sep 30	£6.67	£3.10	£9.77	£1.17	£5.71	£16.65
Oct 01 - Oct 31	£6.00	£3.10	£9.10	£1.09	£5.15	£15.34
Nov 01 - Nov 30	£5.33	£4.10	£9.43	£1.13	£4.57	£15.13
Dec 01 - Dec 31	£4.67	£3.10	£7.77	£0.93	£4.00	£12.70
Jan 01 - Jan 31	£4.00	£1.55	£5.55	£0.67	£3.42	£9.64
Feb 01 - Feb 29	£3.33	£1.55	£4.88	£0.59	£2.85	£8.32
Mar 01 - Mar 31	£2.67	£1.55	£4.22	£0.51	£2.28	£7.01
Apr 01 - Apr 30	£2.00	£1.55	£3.55	£0.43	£1.71	£5.69

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May 01 - May 31	£1.33	£1.55	£2.88	£0.35	£1.14	£4.37
Jun 01 - Jun 30	£0.67	£1.55	£2.22	£0.27	£0.57	£3.06

BALENS HEALTH PROFESSIONALS COMBINED LIABILITY INSURANCE: SECTION B: PERSONAL ACCIDENT INSURANCE (OPTIONAL COVER)

Personal Accident Premium	Insurance Premium Tax (IPT) @ 12%	Total Premium Payable
£10.00	£1.20	£11.20

BALENS HEALTH PROFESSIONALS COMBINED LIABILITY INSURANCE: SECTION C: BUSINESS EQUIPMENT 'ALL RISKS' INSURANCE (OPTIONAL COVER)

Value of Equipment	'All Risks' Premium	Insurance Premium Tax (IPT) @ 12%	Total Premium Payable
£1,500	£28.00	£3.36	£31.36
£3,000	£45.00	£5.40	£50.40
£5,000	£62.50	£7.50	£70.00

ACTIVITIES LIST

STANDARD ACTIVITIES COVERED, STRICTLY SUBJECT TO SUITABLE QUALIFICATIONS HELD.

Please note, the below list of activities is not exhaustive – it is only an example of the types of activities we cover on this scheme for no additional premium. If you have received a quote from Balens but you cannot see your activity listed below, please do not worry as the list is only a small selection of the techniques we cover.

Massage (including Deep Tissue)MeditationMediumshipMetamorphic TechniqueMindfulnessMyofascial ReleaseNeuro Linguistic ProgrammingNeuroflexologyNutrition TherapyOn Site MassagePhytobiophysicsPilates (including machine work)Pilates MatworkPre and Post Natal MassagePregnancy MassagePsych-kPsychologyPsychology of VisionPsychotherapyQigongRadionicsReconnective HealingReflex Zone TherapyReflexology		
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Baby Massage Biodynamic Psychology Breathing Therapy Cognitive Therapy Colour Therapy Colour Therapy Craniosacral Therapy Crystal Therapy Diet and Nutrition Dowsing for Stress Relief EMDR Emotional Freedom Technique Em-Power Therapy Facial Massage Feng Shui Hand Massage Healing Herbal Medicine Homeopathy Hopi Ear Candles Hypnotherapy Indian Head Massage Integrated Energy Therapy Iridology Jikiden Reiki Kinesiology Kinetic Energy Life Coaching Light Touch Therapy Massage (including Deep Tissue) Mediumship Mediumship Mediumship Mediumship Mediumship Mediumship Mediumship Metamorphic Technique Mindfulness Neuro Linguistic Programming Neuroflexology Nutrition Therapy Phytobiophysics Pilates (including machine work) Pregnancy Massage Psychotherapy Qigong Radionics Reflex Zone Therapy Reflexology	Allergy Testing	Angel Therapy
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Radionics Reconnective Healing Reflex Zone Therapy Reflexology	Psychology	Psychology of Vision
Reflex Zone Therapy Reflexology	Psychotherapy	Qigong
	Radionics	Reconnective Healing
Delini Delevation Theorem	Reflex Zone Therapy	Reflexology
Relaxation Therapy	Reiki	Relaxation Therapy

Rhythmical Massage Therapy	Shamanism
Shiatsu	Sound Healing
Sound Therapy	Spiritual Healing
Spiritual Psychotherapy	Sports Massage
Stress Management	Tai Chi (Non-Combat)
Tellington TTouch	Thought Field Therapy
Time Line Therapy	Vibrational Medicine
Visualisation	Vitamin and Mineral Therapy
Vortex Healing	Yoga

STUDENT COVER

Provides cover for case studies and other work performed prior to gaining your qualification. The conditions of cover are as follows: Ongoing case consultation with your tutor, clients must be told that you are not qualified, you cannot practice outside the scope of what you have been taught and any charges/expenses made must be less than a qualified therapist.

DECLARATION FORM



of whether your business	is set up er Health	as sole and W	trade ellbein	er, partne ng Profess	rship or limited iionals, or take	payments, bookings or adv	
Please tick to confirm you	ı require	cover a	as an ii	ndividual	practitioner:		
I can confirm I am a curre understand it is a condition							
Sole Trader 🗖	Limit	ed Com	pany (L	td) 🗖	Pub	lic Limited Company (Plc) 🗖	
Partnership □	Limite	ed Partn	ership	(LP) 🗖	Limite	ed Liability Partnership (LLP) C	1
What is the name of your Be Please leave blank if this does i		o you.					
Title (Mr./Mrs./Dr. etc.):			Name	e of the pr	acticing individu	ıal:	
Address:							
Postcode:		Tel:				Mob:	
Email:							
Date of Birth:				Date you	require the pol	icy to start:	
Your Activiti	es						
Please state in the boxes be copies of your qualification still a student as qualification Please note, we will list you practice the modalities of your pract	elow the ns. Cover ons are u ur activit your train er for yon	will be unavaila ies prac ning, as u to pra	providable un cticed asses	ded subje ntil you ar as per yo sed by yo	ct to suitable or re fully trained ur qualificatior ur course tuto	qualifications held (unless y). n(s) supplied, this will cover	ou are you to nsurance
If there is an activity you prinformation as you can in t				d on the	'Activities List'	, please provide us with as	much

our Premium		
rour Premium ection A: Professional Liability & Malpractice	Incurance	
Please tick to confirm the option you require	Please enter total premium payable	
£4,000,000 Full practitioner (£4M Full) □		
£4,000,000 Student (£4M Student)		
ection B: Personal Accident Insurance (option	al cover)	
Do you require Personal Accident Insurance?		Yes/No
ection C: Business Equipment 'All Risks' Insura	ance (optional cover)	
Do you require Business Equipment 'All Risks'	Insurance?	Yes/No
Please tick to confirm the level of cover requi	red:	
£1,500 £3,000		
£5,000		
Total Premium Please calculate your total premium payable:		£
, , ,		

DECLARATION FORM - Continued

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 had any disciplinary hearings made against you, or are you aware of any circumstances which may result in a claim or suit being made against you?		
Have you or any director or partner been the subject of, or have proceedings or applications pending for, any winding up order, receivership, debt relief, liquidation, administration, county court judgement (CCJ), company or individual voluntary agreement, bankruptcy or insolvency?		
If the answer is Yes to any of the above questions, please disclose full information to us in a clear ar manner below:	nd acces	sible
Questions	Yes	No
Questions Are you ordinarily resident in Great Britain, Northern Ireland, the Channel Islands and/or the Isle of Man?	Yes	No
Are you ordinarily resident in Great Britain, Northern Ireland, the Channel Islands and/or the Isle of	Yes	No
Are you ordinarily resident in Great Britain, Northern Ireland, the Channel Islands and/or the Isle of Man? Is your business registered in and operating solely from Great Britain, Northern Ireland, the Channel Islands and/or the Isle of Man? For students who do not yet have a registered business, please confirm if you are training in Great	Yes	No
Are you ordinarily resident in Great Britain, Northern Ireland, the Channel Islands and/or the Isle of Man? Is your business registered in and operating solely from Great Britain, Northern Ireland, the Channel Islands and/or the Isle of Man? For students who do not yet have a registered business, please confirm if you are training in Great Britain, Northern Ireland, the Channel Islands and/or the Isle of Man? Have you read, understood and agree to accept the Balens Terms of Business letter enclosed? By signing the form below I declare that the statements and particulars in this proposal are true and commade a fair presentation of the risk and have not misrepresented or suppressed any material facts. I agree contract of insurance being prepared using the information I have supplied in this form along with any actinformation I have supplied. I shall inform you of any material alteration to those facts and/or the information I have supplied.	mplete. iree to th	I have le d
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PLEASE COMPLETE AND RETURN THE DECLARATION FORM ALONG WITH COPIES OF YOUR QUALIFICATIONS TO:
BALENS LTD, BRIDGE HOUSE, PORTLAND ROAD, MALVERN, WR14 2TA

OR EMAIL: INFO@BALENS.CO.UK