



**BLUHERBAL COMPREHENSIVE BLOCK INSURANCE**

**Policy runs from the 01<sup>st</sup> November 2015 to 31<sup>st</sup> October 2016**

If you are joining this scheme three months or more after the above start date, please see the short period rate table below.

<b>INDEMNITY LIMIT</b>	<b>€4,000,000</b>	<b>€6,000,000</b>	<b>Personal Accident (optional) Key fact sheet attached</b>
<b>Full Practitioner</b>	☐€103.00	On request	€14.50

Premiums include Insurance Premium Tax/Levy, DAS Legal Expenses Package and a Balen Admin/Doc fee of €0-€30

**SHORT PERIOD RATE TABLE FOR NEW MEMBERS**

- Your Scheme has common renewal date for all Members of 1<sup>st</sup> November.
- In order to take your cover round to this date, the **premiums reduce according to when you join** as per the table below.

<b>DATE:</b>	<b>Nov -Jan</b>	<b>Feb - Apr</b>	<b>May - Jul</b>	<b>Aug - Oct</b>
<b>€4M Full Practitioner</b>	<b>€103.00</b>	<b>€80.00</b>	<b>€55.00</b>	<b>€25.00</b>

**Important Note: You must be a current member of Bluherbal or the insurance may be declared void. 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 payment, bookings or advertise for other Health and Wellbeing Professionals, this policy may not be suitable – please contact Balens for guidance.**

**NO CLAIMS DECLARATION**

**I HEREBY DECLARE AND WARRANT** that I have never been convicted of any criminal offence, other than motoring offences, or offences that are spent under the Rehabilitation of Offenders Act 1974, and there are no prosecutions pending. No insurer has ever cancelled, declined or refused to renew a policy. I have had no claims, or circumstances, which could give rise to a claim under the policy involving negligence, error or omission, and I am not aware of any circumstances which may result in a claim or suit being made against me. By signing the form below I confirm that the above statements & particulars are in all respects complete and true, that they are material, and that I have not suppressed or misstated any material facts. This means that you should not withhold or misrepresent any facts which are likely to influence the Company's assessment and acceptance of this proposal. You have a duty to disclose them and failure to do so could invalidate the insurance cover. I agree that this form shall be the basis of the Contract with Underwriters & deemed part of the insurance coverage issued to me. I can also confirm that I have read, understood and agree to accept the Balens Terms of Business letter attached. **A specimen policy wording is available on request at all times.**

**Signed** ..... **Dated** ..... **2015/16**

**Title** ..... **Surname** ..... **First name**.....

**Address**  
.....  
.....

**Phone Number** ..... **Email** .....

**Please state the therapies that you require cover for, subject to suitable qualifications held, in the box below. Please enclose copies of all qualifications.**


*For the purpose of insurance only, Bluherbal is an Introducer Appointed Representative of Balens Limited, Bridge House, Portland Road, Malvern, WR14 2TA, who are authorised and regulated by the Financial Conduct Authority.*

**Standard Therapies covered, strictly subject to suitable qualifications held:  
If you are adding any new therapies, please also enclose copies of your qualifications.**

Our policies are multi therapy, and we understand that you may require other techniques, such as nutritional advice, acupuncture, injections etc. which were included within the syllabus of your training and professional qualification. For the purpose of correct rating and underwriting your malpractice insurance with Balens, we do need you to indicate these on the list below, so that we can state them on your policy schedule.

Acupressure	Indian Head Massage
Alexander Technique	Integrated Energy Therapy
Allergy Testing	Iridology
Angel Therapy	Kinesiology
Animal Therapy	Kinetic Energy
Autogenic Therapy	Light Body DNA Activation Therapy
Aromatherapy	Life Coaching
Astrology	Manual Lymph Drainage Category 1 & 2
Assemblage Point Shifting	Massage (including deep tissue)
Aura Balance-Energy Field Therapy	Meditation & Psychic Awareness
Aura-Soma	Melchizedek
Baby Massage	Neuromuscular Therapy
Bi Aura	Neuro Linguistic Programming
Bicom & Bioresinence	Nutrition Therapy
Bio Energy Therapy	On Site Massage
Bio Kinetics	Personal Training
Bio Magnetic Therapy	Pilates
Bionetics	Polarity Therapy
Body Harmony	Provocative Therapy
Bowen	Psychotherapy (including Jungian Analysts)
Breathing Therapy / Breathing Massage	Qi Gong
Chi Kung	Radionics
Clinical Hypnotherapy	Reflexology
Cognitive Therapy	Reichian Therapy
Colour Therapy	Relaxation Therapy
Cranio Sacral Therapy	Remedial Therapy
Creative Writing	Rhythmical Massage Therapy Training
Dowsing for Stress Release	Rolfing
Educational Kinesiology	Shamanism
Electro Acupressure	Shiatsu
Electro Crystal Therapy / Electro Gem Therapy	Sound Healing
E Lybra	Spiritual Psychotherapy
Emotional Freedom	Sports Massage
Emo Trance	Stress Management
Energy Balancing	Tai Chi (Non Combat)
Energy Field Therapy	Teaching Movement & Massage
Energy Interference Patterning	Thought Field Therapy
Enneagram	Touch for Health
Equine Neuromuscular Therapy	Trigger Point Dry Needling
Fitness Instruction	Vortex healing
Five Rhythms Work	Yoga
Frequency Specific Micro current	
Equine Neuromuscular Therapy	
<b>Herbal Medicine</b>	<b>We include many other therapies within this package at</b>
Holographic Re-patterning	<b>No additional premium. If your therapy is not listed,</b>
Homoeopathy	<b>Please put it down on the form and enclose a copy of</b>
Hopi Ear Candling	<b>Your qualification. Please note that we may need</b>
Human Givens	<b>Further information or an additional premium may apply</b>
Hydrotherm Massage	<b>For higher risk therapies.</b>
Hypnotherapy	

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