

Irish Association for Craniosacral Therapy Affinity Scheme - Republic Of Ireland



BALENS HEALTH PROFESSIONALS PROFESSIONAL LIABILITY POLICY

Thank you for your enquiry and welcome to Balens Europe B.V. – UK Branch (“Balens”).

This pack will help you assess if the Balens Health Professionals Professional Liability Policy 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 0044 (0)1684 580771 or email Enquiry@balens.ie

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 **Welcome letter, Insurance Product Information Documents & 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 **Consumer Insurance Contracts Act 2019**, including **your responsibilities** to make answer all questions **honestly** and **with reasonable care** at inception, renewal and whenever you request changes to your policy.

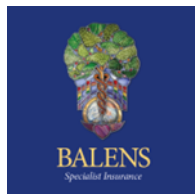
SOME IMPORTANT LEGAL INFORMATION BEFORE YOU GET STARTED:

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 and requested from you before your application is accepted.

You must answer all questions asked honestly and with reasonable care when completing the declaration at inception, renewal and whenever you request changes to your policy. It is important you do not misrepresent any facts relevant to the questions raised.

If you do not answer all questions honestly your policy may be avoided, written on different terms or the amount payable in the event of a claim may be reduced.

For more information on your responsibilities under the **Consumer Insurance Contracts 2019** and the remedies available please see the enclosed '**Disclosure and Remedies Consumer Insurance Contracts Act**'.



Balens Europe B.V., is authorised and regulated by the Financial Conduct Authority, Firm Reference Number 973253, in respect of its UK branch. Balens Europe B.V. registered branch address: Bridge House Portland Road, Malvern, United Kingdom, WR14 2TA. (establishment number BR022756).

Balens Europe B.V. is authorised and regulated by the Autoriteit Financiële Markten (AFM), licence number: 12046134 Chamber of Commerce number: 73057959. Registered office Prins Hendrikkade 169-1 1011 TC Amsterdam, Nederland. These details can be verified by visiting the Financial Services Register at register.fca.org.uk or by contacting the FCA on 0800 111 6768. For information about what we do with personal data see our privacy policy at balens.eu/privacy-policy

Balens Europe B.V. & Balens Europe B.V. 's UK Branch are part of the PIB Group



GUIDANCE NOTES

IS THIS THE RIGHT INSURANCE FOR ME?

This policy is to cover you, and you alone, as a practicing health, wellbeing, fitness and/or beauty practitioner, irrespective of whether your business is set up as sole trader, partnership or limited company. Please review your **individual suitability statement** for confirmation the policy meets your requirements.

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 us for guidance on 0044 (0)1684 580771 or Enquiry@balens.ie

HOW DO I GET INSURED?

Easily – in a few simple steps:

1) Complete the Declaration form and read the Welcome letter, Insurance Product Information Documents and Balens Europe B.V. – UK Branch Terms of Business document:

- Answer all questions honestly and with reasonable care
- 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 Irish Association for Craniosacral Therapy 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/Irish 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/Irish qualifications we will need you to complete an additional form

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/Ireland
- Your price will be based on:
- Your highest category activity – you can identify this from the activities list (lower category activities are covered in this price); and
 - The limit of indemnity you select
 - You select the optional section of cover for Personal Accident Insurance

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 honestly and with reasonable care 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:

- Scanned and emailed to Enquiry@balens.ie – remember to sign the declaration before scanning, OR
- By post to Balens Europe B.V. – UK Branch, 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. Cover is subject to receipt of suitable qualifications in the activities you are looking to practice.

5) Pay the premium: your payment options are:

TELEPHONE – when we call to confirm your premium, or call us on 0044 (0)1684 580771 once we have received your form. We can:

- Take a single payment by debit/credit card, or
- Provide our account details and a reference for payment by online banking/BACS

BANK TRANSFER – Once you have completed and returned the Declaration form, payment by bank transfer can be made. We will send you the details upon receipt of your completed form and qualification(s) (if applicable).

Irish Association for Craniosacral Therapy Affinity Scheme - Republic Of Ireland Premium Information

POLICY RUNS FROM 1 JUNE 2024 TO 31 MAY 2025

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	Irish Government Levy @ 3%	Irish Compensation Fund Levy @ 2%	Balens Admin Fee	Total Premium Payable
Jun 01 - Aug 31	€85.00	€12.00	€97.00	€2.91	€1.94	€20.00	€121.85
Sep 01 - Nov 30	€63.75	€12.00	€75.75	€2.27	€1.52	€15.00	€94.54
Dec 01 - Feb 28	€42.50	€6.00	€48.50	€1.46	€0.97	€10.00	€60.93
Mar 01 - May 31	€21.25	€6.00	€27.25	€0.82	€0.55	€5.00	€33.61

€4,000,000 Student (€4M Student)	Malpractice Premium	Legal Expenses	Net Insurance Cost	Irish Government Levy @ 3%	Irish Compensation Fund Levy @ 2%	Balens Admin Fee	Total Premium Payable
Jun 01 - Aug 31	€16.00	€6.00	€22.00	€0.66	€0.44	€5.00	€28.10
Sep 01 - Nov 30	€12.00	€6.00	€18.00	€0.54	€0.36	€3.75	€22.65
Dec 01 - Feb 28	€8.00	€3.00	€11.00	€0.33	€0.22	€2.50	€14.05
Mar 01 - May 31	€4.00	€3.00	€7.00	€0.21	€0.14	€1.25	€8.60

Optional Personal Accident Cover - Please see Insurance Product Information Document (enclosed)

Personal Accident Premium	Insurance Premium Tax (IPT) @ 5%	Total premium payable
€16.50	€0.83	€17.33

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 and what the typical rate category for that activity is. If you have received a quote from us 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.

Acupressure	Alexander Technique
Allergy Testing	Angel Therapy
Aromatherapy	Astrology
Baby Massage	Bach Remedies
Biodynamic Psychology	Bowen Therapy
Breathing Therapy	Cognitive Therapy
Colour Therapy	Counselling
Craniosacral Therapy	Crystal Therapy
Diet and Nutrition	Dowsing for Stress Relief
EMDR	Emotional Freedom Technique
Em-Power Therapy	Energy Field Therapy
Facial Massage	Feng Shui
Hand Massage	Healing
Herbal Medicine	Homeopathy
Hopi Ear Candles	Hot Stones
Hypnotherapy	Indian Head Massage
Integrated Energy Therapy	Iridology
Jikiden Reiki	Kinesiology
Kinetic Energy	Life Coaching
Light Touch Therapy	Lightning Process
Magnet Therapy	Manual Lymph Drainage Category 1 and 2
Massage (including Deep Tissue)	Meditation
Mediumship	Metamorphic Technique
Mindfulness	Myofascial Release
Neuro Linguistic Programming	Neuroflexology
Nutrition Therapy	On Site Massage
Phytobiophysics	Pilates (including machine work)
Pilates Matwork	Pre and Post Natal Massage
Pregnancy Massage	Psych-k
Psychology	Psychology of Vision
Psychotherapy	Qigong
Radionics	Reconnective Healing
Reflex Zone Therapy	Reflexology
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

DECLARATION FORM



Section 1: About you and your business

Please confirm your business set up (if applicable):

Sole Trader <input type="checkbox"/>	Limited Company (Ltd) <input type="checkbox"/>	Public Limited Company (Plc) <input type="checkbox"/>
Partnership <input type="checkbox"/>	Limited Partnership (LP) <input type="checkbox"/>	Limited Liability Partnership (LLP) <input type="checkbox"/>

What is the name of your Business?

Title (Mr./Mrs./Dr. etc.):

Name of the practicing individual:

Address:

Eircode:

Tel:

Mob:

Email:

Date of Birth:

Date you require the policy to start:

Does your business carry out activities with children or vulnerable adults?

Yes

No

If yes please confirm the following:

Are you Garda Vetted?

Yes

No

Do you obtain written consent from a parent/guardian prior to treatment?

Yes

No

Does your business work with celebrities or sports professionals?

Yes

No

If yes please confirm the following:

What percentage of your work is made up of working with celebrities/sports professionals?

%

Are you employed for this work or do you work under a contract for service?

Yes

No

Does your business supply products to non clients (where no treatment has taken place?)

Yes

No

If yes please confirm the following:

Do you estimate the turn over of sales to non-client will exceed €35,000 per annum?

Yes

No

Are the products sold in relation to your insured business activities?

Yes

No

Do you sell/supply products to the USA, Canada or any territory under their jurisdiction?

Yes

No

Does your business work with Equine or bloodstock animals with a value of over €100,000?

Yes

No

If yes please confirm the value:

Section 2: Declaration Questions

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 a 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.

Insurance Policy Questions	Yes	No
Please confirm that you require cover as an individual practitioner.		
Please confirm you have read the Insurance Product Information Documents and suitability Statement and are happy the policy is suitable for your requirements.		
Please confirm you have read the Insurance policy wordings and can comply with the policy terms and conditions?		
Please confirm you have read the record keeping condition (found in your Professional Liability wording, general conditions section 5) and can comply with the terms of the condition?		
Please confirm you understand that Balens Europe B.V. source and arrange the insurance policy but do not offer advice or make individual recommendations when arranging the insurance policy. You are responsible for ensuring the policy is suitable for your requirements.		
Please confirm you have read, understood and agree to accept the Balens Europe B.V. – UK Branch Terms of Business?		
Declaration Questions	Yes	No
Have you under current or any previous trading titles, been convicted of any criminal offence (other than motoring offences) or have prosecutions pending, other than convictions that are spent under The Criminal Justice (Spent Conviction and Certain Disclosures) Act 2016?		
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 suits of negligence, error or omission made against you, or are you aware of any circumstances which may result in any such claim or suit being made against you.		
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 (and if applicable any Director or Partner) been the subject of, or have proceedings or applications pending for any winding up order, receivership, debt relief, liquidation, administration, court judgement or other matter related to bankruptcy or insolvency.		

If the answer is Yes to any of the above Declaration questions, please disclose full information to us in a clear and accessible manner below:

Section 3: Your Activities

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

Overseas or Online qualifications:

Please tick to confirm if you qualifications have been taken online or overseas. If the answer is yes, we will contact you with additional information that is required before accepting your application.

If there is an activity you practice that is not listed on the 'Activities List', please provide us with as much information as you can in the space below.

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Please state in the boxes below any activities you are qualified in or are provided by your business that you do not require insurance cover for under this policy. These activities will be excluded from cover.

- Please complete this section if you require **student cover** for any activities practiced:

Student Questions	Yes	No
Please confirm the activities you require student cover for:		
Are you currently a student?		
Do you undertake ongoing case consultation with your tutor?		
Do you always inform your clients you are not qualified?		
Do you only practice within the scope of what you have been taught?		
Are your charges/expenses less than a qualified therapist?		

Section 4: Your Premium

Professional Liability & Malpractice Insurance

Please choose the limit of liability that you consider meets your individual/business requirements. It should be noted that the below limits are the options that are available under the scheme, we are not providing advice or making a recommendation. If the limits noted below are not suitable for you please contact us.

Please tick to confirm the option you require	Please enter total premium payable
€4,000,000 Full practitioner (€4M Full) <input type="checkbox"/>	
€4,000,000 Student (€4M Student) <input type="checkbox"/>	
Personal Accident <input type="checkbox"/>	

Personal Accident Insurance (optional cover)

Do you require personal Accident Insurance?	Yes	No
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Your Premium

Please calculate your premium payable:	€
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Section 5: Your Signature

Signing this Declaration form does not bind you to enter into this insurance. No cover is in force until this Declaration is accepted by the insurer and the premium is paid. The insurer reserves the right to decline any insurance proposal or to offer different premium and terms from those quoted depending on the information you have provided.

By signing below I declare that the statements and particulars in this proposal are true and complete. I have answered all questions honestly and with reasonable care and have not misrepresented any of my answers. 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.

A copy of the policy wording is attached for your attention.

Signed:

Dated:

RETURNING YOUR FORM

PLEASE COMPLETE AND RETURN THE DECLARATION FORM ALONG WITH COPIES OF YOUR QUALIFICATIONS TO:
BALENS EUROPE B.V. – UK BRANCH, BRIDGE HOUSE, PORTLAND ROAD, MALVERN, WR14 2TA
OR EMAIL: Affinities@balens.eu