

Date received	Amount received	Name

The Alliance of Registered Homeopaths

REMITTANCE SLIP AND DECLARATION - IMPORTANT NOTES:

- Your cover will not start until the ARH have received your form and payment.
- The policy requires you to keep patient records for at least seven years. We recommend that you keep your records indefinitely.
- If you become aware of a potential claim or an incident that could give rise to a claim, you are required to contact Balens immediately for advice.
- We will require copies of qualifications for all therapies practiced, unless the ARH or Balens have already received copies of them.
- We can not offer cover if you gained a qualification from a correspondence course unless it contained practical elements and has been agreed by the ARH or Balens.
- We can cover teaching, but we will not cover you if you are giving out a qualification or running a training establishment. Please contact us for a separate policy.

Important notice: Please provide a separate payment for your insurance premium of £42 (standard loading). Please make cheques for insurance payable to 'Balens Ltd' and return your completed insurance form and cheque to the ARH. The ARH will send your cheque and insurance form to Balens on your behalf. If you would like to pay for your insurance with your credit/debit card please write your card details on the special form provided with your insurance information or request on the form that Balens calls you directly for your card details

NO CLAIMS DECLARATION

Please circle the answers to the questions below

1. Have you under current or previous trading titles been convicted of any criminal offence, other than motoring, or are there any prosecutions pending? YES / NO
2. Has any insurer ever cancelled, declined or refused to renew, or accepted the risk at special terms? If yes please give details. YES / NO
3. Have you had any claims, or incidents, which could give rise to a claim under the policy involving negligence, error or omission, or are you aware of any circumstances which may revert to such a claim or suit being made against you? YES / NO

If the answer is yes to any of the above questions, please do not sign the declaration, but send us information on a separate sheet of paper giving full details.

4. I can confirm that I have read, understood and agree to accept the ARH Terms of Business letter attached. YES / NO

I confirm that the answers above are true and that I have not withheld any material fact*. I am aware of no claims, suits or any circumstances which could reasonably lead to a claim being made, or action initiated against me and that I have read and understood the notes above.

Signed Dated 2013-2014

Title Surname First Name

Address

Phone Number e mail

* You must disclose any incident likely to give rise to a claim, not only at the time when you become aware of it, but also at renewal time and when completing any new proposal forms. We will require you to state the incident on the renewal form each year, even if you have already notified us of it in the past as insurers require this. If in doubt, notify, we can then advise you. Failure to do this has been known in the past to result in cover being terminated by the insurer

Standard Therapies covered, strictly subject to suitable qualifications held:-

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.

Please mark below the proportions of your work, as this forms the basis of your cover -

THERAPY / ACTIVITY	%	THERAPY / ACTIVITY	%
Acupressure		PREMIUM LOADINGS:	
Alexander Teaching			
Animal Therapy		Acupuncture – 50% Load	
Aromatherapy		Thai Massage – 50% Load	
Ayurveda		Venepuncture – 50% Load	
Autogenics			
Baby Massage			
Bach Remedies			
Bowen Technique		Anthroposophical Medicine (must be medically trained) – £150.00	
Colour Therapy			
Crystal Therapy			
Cranio-Sacral Therapy			
Five Rhythms Work			
Herbal Medicine			
Homeopathy			
Hopi Ear Candles			
Hypnosis			
Kinesiology			
Iridology		Student Case Work	
Healing		under supervision	
Light Touch Therapy			
Magnet Therapy		Any other therapies or work not	
Massage		Listed, please state here with	
Nutrition Therapy		Further information if necessary	
Reflexology		An additional premium may be	
Psychology		Required.	
Counselling			
Reiki			
Psychotherapy			
Shiatsu			
Yoga Teaching / Therapy			
		TOTAL (100 %)	

NAME :-

(PLEASE USE BLOCK CAPITALS)

ARH Block Insurance Scheme Payment Details

Please note that if you are paying for your insurance with a credit/debit card, this payment sheet will be disposed of securely after Balens has taken payment for your insurance.
We do not keep our clients' card details

CREDIT/DEBIT CARD PAYMENT DETAILS (Please print clearly)

Credit/Debit card no:

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Amount: £

Start date: Expiry date: Security number:
(last three numbers on reverse of card)

Issue number (Switch only):

Type of card (Visa/Mastercard/Switch etc):

Name of cardholder:

Signature:

Date:

CHEQUE PAYMENT DETAILS

Name: Amount:

Cheque number: Sort code:

Date: