

# DECLARATION FORM - 15 months



Date Received	Amount received	Name

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.

Please tick to confirm you require cover as an individual practitioner:

I can confirm I am a current member of Alliance of Registered Homeopaths and understand it is a condition of my insurance I maintain my membership.

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:

Postcode:

Tel:

Mob:

Email:

Date of Birth:

Date you require the policy to start:

## 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.


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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# 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Have you ever had a proposal or renewal for insurance declined or cancelled; a policy voided, withdrawn or suspended, or special terms imposed by an insurer?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 and accessible manner below:**

Have you read, understood and agree to accept the Balens Terms of Business letter enclosed?	<input type="checkbox"/>
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*By signing the form below I declare that the statements and particulars in this proposal are true and complete. I have made a fair presentation of the risk and have not misrepresented or suppressed any material facts. 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:
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Dated:
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## RETURNING YOUR FORM

PLEASE COMPLETE AND RETURN THE TWO PAGE DECLARATION FORM ALONG WITH COPIES OF YOUR QUALIFICATIONS TO THE ARH

# ARH Affinity 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: .....