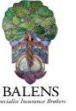


DECLARATION FORM



Date received	Amount received	Name

This policy is to cover you, and you alone, as a practicing individual, 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.

What is the name of your Business?

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

Name of practicing therapist:

Address:

Eircode:

Tel:

Mob:

Email:

Date of Birth:

Date you require the policy to start:

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

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.

DECLARATION FORM – Continued

STUDENT COVER

Please complete this section if you require cover as a student.

Questions	Yes	No
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?		

DECLARATION QUESTIONS

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Have you ever had a proposal or renewal for insurance declined or cancelled; a policy voided, withdrawn or suspended, or special terms imposed by an insurer?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 been the subject of a winding up order or company/individual voluntary arrangement with creditors; or been placed into administration, administration receivership or liquidation?		

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"/>
---	--------------------------

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:

Dated:

*Signing this proposal form does not bind you to enter into this insurance.
The Insurer and you are entitled to choose the law that will govern this contract of insurance.
We propose Irish law and this will apply unless otherwise agreed.*

No cover is in force until this proposal 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 dependent on the information you have provided.