



**in conjunction with Complementary Healthcare Professionals ( CHP)**  
**181a Watling Street West, Towcester, Northants, NN12 6BX**  
**Tel: 0345 222 2236, 01327 354249 Email:applications@holisticinsurance.co.uk**  
[www.holisticinsurance.co.uk](http://www.holisticinsurance.co.uk)

**Malpractice, Professional Indemnity, Public & Products Liability\***

The policy is written on a "Losses occurring" basis, so as long as the policy is in force when the incident happened, then subject to the policy wording, terms and conditions the claim will be dealt with by your insurers.

The policy includes:

Retroactive cover for previously insured periods

Libel & slander

Legal defence costs in respect of claims made under the policy

**Limit of indemnity** - Any one claim and in total in the period of insurance including legal defence costs - **£2,000,000 – Student practitioner**

**Underwritten by AXIS Managing Agency Ltd**

**Optional extension:**

**Business Equipment \*** - Cover is available for business equipment; please contact us if you would like a quote.

**Legal Expenses \***

This section is underwritten on a "Claims Made" basis and therefore must be in force at the time a claim is notified to Insurers.

Including:

Criminal prosecution defence,

Data Protection Act prosecution,

Inland Revenue and PAYE investigation,

Representation in connection with a disciplinary hearing being conducted by a Membership Association to which you belong,

Social Media Defamation

Contract Disputes

Debt Protection

Jury service compensation

The policy will pay legal costs (including solicitors fees, court costs, expenses for expert witnesses, attendance expenses and accountant's fees) up to a limit of indemnity of £100,000 for any one claim (£500,000 in the aggregate).

24 hour Legal advice line

Counselling Service

Tax Advice Helpline

Legal Document Service

**The legal expenses and helplines are provided by Temple Legal Protection**

\* Terms and conditions apply. A copy of the insurance wording is available upon request.

**Individual sections are not available on their own.**

**Cost**

**Student Practitioner**

**Total payable £ 35.50**

This is made up of:

Liability Section Premium £ 19.20

Insurance Premium Tax £ 2.30

Premium Legal Expenses Section £ 5.00

Insurance Premium Tax £ 0.60

Fee £ 8.40

	Additional Premiums
Acupuncture/Dry Needling /Hot Cupping	<b>£ 31.00</b> Premium £ 27.68 Insurance Premium Tax £ 3.32
Traditional Chinese Herbal Medicine – this includes cover for Acupuncture if required.	<b>£ 40.00</b> Premium £ 35.71 Insurance Premium Tax £4.29
Colonic Hydrotherapy.	<b>£72.75</b> Premium £64.96 Insurance Premium Tax £7.79
McTimoney Human or Animal	<b>£ 102.10</b> Premium £ 91.16 Insurance Premium Tax £ 10.94
Equine Sports Massage	<b>£ 64.65</b> Premium £ 57.72 Insurance Premium Tax £ 6.93
Equine /Canine Touch Equine /Canine Shiatsu	<b>£61.60</b> Premium £ 55.00 Insurance Premium Tax £ 6.60
Other Animal Treatments	<b>£ 16.80</b> Premium £ 15.00 Insurance Premium Tax £ 1.80
Total Premium Due	<b>£</b>

This list is not exhaustive and we reserve the right to request an additional premium if deemed necessary.

You will be contacted if this is required.

THE INSURANCE IS ISSUED ON A 12 MONTH BASIS. RATES ARE VALID FROM 1ST APRIL 2024. WE RESERVE THE RIGHT TO ALTER THE COST AT ANY TIME IN VIEW OF OUR OWN CIRCUMSTANCES OR CHANGES IN GOVERNMENT LEGISLATION. IF THE POLICY IS UNSUITABLE FOR YOUR NEEDS YOU CAN CANCEL WITHIN 14 DAYS FOR A FULL REFUND. AFTER 14 DAYS A REFUND WILL BE GIVEN LESS THE ADMINISTRATION FEE. A REFUND WILL NOT BE GIVEN IF THERE ARE ANY REPORTED INCIDENTS THAT MAY GIVE RISE TO A CLAIM.

## **PAYMENT**

**PAYMENT WILL BE TAKEN BY TELEPHONE WHEN WE HAVE PROCESSED YOUR APPLICATION. PLEASE ALLOW UP TO 5 WORKING DAYS.**

**INSURANCE PROPOSAL FORM STUDENT MEMBERS of CHP  
Malpractice/Professional Indemnity/Public/Products Liability Insurance**

(Losses Occurring Basis)

Please answer all questions. No Insurance is in force until confirmation has been given. The completion of this form does not bind either you or the insurer in contract. If you are in any doubt in relation to any questions in this Proposal Form, please contact us.

**Membership Type and Number**  
**We will not be able to process your application without this information**

Title, First and Last Name

Business trading name or Limited Company name

Correspondence Address



Postcode

Telephone Number

Email address

Therapies that you wish to cover:

	A. Therapy	B. Dates / Duration of the Training Course you are attending ( for students only)	C. Teacher / College ( for students only)
1			
2			
3			
4			

**Please enclose a copy of your qualification certificate or diploma this must not be from a distance learning provider. Or complete sections B and C if you are a student.**

**We reserve the right to refuse qualifications that do not meet National Occupational Standards if applicable. If you are in any doubt then please contact us.**

**Some therapies may require an increase in premium or special terms.**

**Please do not send original certificates as we cannot guarantee their safe return.**

Please use a separate sheet if you have more therapies that you require cover for.

**Questions**

1)(a) Do you maintain client records including a signed and dated consultation and consent form or contract and retain them for at least 5 years?

Yes  No

OR

(b) If you have not done this in the past or you are just starting in business please confirm that you will do this going forward

Yes  No

2) Have you ever been subject to a disciplinary hearing or suspended from any Professional Organisation?

Yes  No

3) Have you held insurance for your business in the last 12 months?

Yes  No

If yes please provide the following information:

<i>Insurer</i>	
<i>Limit of Indemnity</i>	
<i>Expiry date of the policy</i>	

4) Have you had any claims or suits for negligence, errors or omissions been made against you or are you aware of any circumstances which may result in any such claims being made against you?

Yes  No

5) Has any Insurer ever cancelled, declined refused to renew or accepted on special terms your professional insurance?

Yes  No

6) Have you ever been convicted of, or cautioned for (or charged but not yet tried with) any criminal offence (other than motoring offences)?

Yes  No

7) Are you aware of any circumstances which may be material to the Insurer's decision on whether to issue you with a policy, the terms of the policy or the amount of premium to charge you?

Yes  No

If yes to questions (2), (4), (5), (6) or (7) above, please give full details on a separate sheet submit and enclose same when submitting this Proposal Form and you will be contacted.

Date Insurance to commence

Day	Month	Year

**This date must be within 14 days of you signing this proposal form. If you do not put a date, then we will issue cover from the date that we process your application.**

You must disclose any material facts that the Insurer may feel would influence their decision to underwrite the risk and if so at what premium. If you are unsure as to what a material fact is you should disclose the information or contact us for advice. Failure to do so may invalidate your policy

I declare that I have made a fair presentation of the risk by disclosing on this completed Proposal From and enclosures all material circumstances which I know or ought to know or, failing that by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature of Proposer ..... Date .....