

International Federation of Reflexologists

Block Insurance Scheme

Policy runs from 16th March 2009- 15th March 2010

If you are joining this scheme three months or more after the above start date, please see the short period rate table below.

| INDEMNITY LIMIT | £3,000,000 | £5,000,000 | Personal Accident (optional) Key fact sheet attached |
|-------------------|---------------------------------|---------------------------------|---|
| Full Practitioner | <input type="checkbox"/> £46.00 | <input type="checkbox"/> £66.00 | £10.00 |
| Student | <input type="checkbox"/> £39.50 | | £10.00 |

Premiums include Insurance Premium Tax/Levy, DAS Legal Expenses Package and a Balen Admin/Doc fee of £0-£30 and an affinity fee of £1.00

IF YOU ARE IN THE REPUBLIC OF IRELAND, PLEASE ADD 50% TO THE PREMIUM AND PAY IN EUROS AT THE CURRENT EXCHANGE RATE.

SHORT PERIOD RATE TABLE FOR NEW MEMBERS

- Your Scheme has common renewal date for all Members of 16th March.
- In order to take your cover round to this date, the **premiums reduce according to when you join** as per the table below.

| DATE: | 16 Mar - 15 Jun | 16 Jun - 15 Sept | 16 Sept - 15Dec | 16 Dec - 15Mar |
|-----------------------|-----------------|------------------|-----------------|----------------|
| £3M Full Practitioner | £46.00 | £36.00 | £25.00 | £18.00 |
| £5M Full Practitioner | £65.00 | £48.50 | £32.00 | £22.00 |
| £3M Student | £39.50 | £31.00 | £21.00 | £14.00 |

IMPORTANT NOTE

Please note that you must belong to the IFR in order to take out this policy. If you do not or you do not renew with them the insurance could be declared void.

NO CLAIMS DECLARATION

I HEREBY DECLARE AND WARRANT that I have never under current or previous trading titles been convicted of any criminal offence, other than motoring, or have any prosecutions pending. No insurer has ever cancelled, declined or refused to renew a policy. I have had no claims, or circumstances, which could give rise to a claim under the policy involving negligence, error or omission, and I am not aware of any circumstances which may result in a claim or suit being made against me. By signing the form below I confirm that the above statements & particulars are in all respects complete and true, that they are material, and that I have not suppressed or misstated any material facts. This means that you should not withhold or misrepresent any facts which are likely to influence the Company's assessment and acceptance of this proposal. You have a duty to disclose them and failure to do so could invalidate the insurance cover. I agree that this form shall be the basis of the Contract with Underwriters & deemed part of the insurance coverage issued to me. I can also confirm that I have read, understood and agree to accept the Balens Terms of Business letter attached. **A specimen policy wording is available on request at all times.**

Signed Dated 2009/10

Title Surname First name.....

Address
.....

Phone Number Email

Please state the therapies that you require cover for, subject to suitable qualifications held, in the box below.
Please enclose copies of all qualifications.

| | | | |
|--|--|--|--|
| | | | |
| | | | |

**Standard Therapies covered, strictly subject to suitable qualifications held:
If you are adding any new therapies, please also enclose copies of your qualifications.**

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.

| | |
|---|---|
| Acupressure | Indian Head Massage |
| Alexander Technique | Intergrated Energy Therapy |
| Allergy Testing | Iridology |
| Angel Therapy | Kinesiology |
| Animal Therapy | Kinetic Energy |
| Autogenic Therapy | Light Body DNA Activation Therapy |
| Aromatherapy | Life Coaching |
| Astrology | Manual Lymph Drainage Category 1 & 2 |
| Assemblage Point Shifting | Massage (including deep tissue) |
| Aura Balance-Energy Field Therapy | Meditation & Psychic Awareness |
| Aura-Soma | Melchizedek |
| Baby Massage | Naturopathy (Live blood analysis 50% load) |
| Bi Aura | Neuro Linguistic Programming |
| Bicom & Bioresinence | Nutrition Therapy |
| Bio Energy Therapy | On Site Massage |
| Bio Kinetics | Past Life Regression |
| Bio Magnetic Therapy | Pilates |
| Bionetics | Polarity Therapy |
| Body Harmony | Provocative Therapy |
| Bowen | Psychotherapy (including Jungian Analysts) |
| Breathing Therapy / Breathing Massage | Qi Gong |
| Chi Kung | Radionics |
| Clinical Hypnotherapy | Reflexology |
| Cognitive Therapy | Reichian Therapy |
| | Relaxation Therapy |
| Colour Therapy | Remedial Therapy |
| Cranio Sacral Therapy | Rhythmical Massage Therapy Training |
| Creative Writing | Rolfing |
| Dowsing for Stress Release | Shamanism |
| Educational Kinesiology | Shiatsu |
| Electro Acupressure | Sound Healing |
| Electro Crystal Therapy / Electro Gem Therapy | Spiritual Psychotherapy |
| E Lybra | Sports Massage |
| Emotional Freedom | Stress Management |
| Emo Trance | Tai Chi (Non Combat) |
| Energy Balancing | Teaching Movement & Massage |
| Energy Field Therapy | Thought Field Therapy |
| Energy Interference Patterning | Touch for Health |
| Enneagram | Vitamin & Mineral Therapy |
| Em Power Therapy | Vortex healing |
| Facial Threading | Yoga |
| Feldenkrais Method | |
| Hearing Therapy | |
| Herbalism | We include many other therapies within this package at |
| Holographic Re-patterning | No additional premium. If your therapy is not listed, |
| Homoeopathy | Please put it down on the form and enclose a copy of |
| Hopi Ear Candling | Your qualification. Please note that we may need |
| Human Givens | Further information or an additional premium may apply |
| Hydrotherm Massage | For higher risk therapies. |
| Hypnotherapy (Hypnotherapy exclusion applies) | |
| | |
| | |