

# International Federation of Reflexologists

## Block Insurance Scheme

Policy runs from 16<sup>th</sup> March 2009- 15<sup>th</sup> 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 16<sup>th</sup> 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	<b>We include many other therapies within this package at</b>
Holographic Re-patterning	<b>No additional premium. If your therapy is not listed,</b>
Homoeopathy	<b>Please put it down on the form and enclose a copy of</b>
Hopi Ear Candling	<b>Your qualification. Please note that we may need</b>
Human Givens	<b>Further information or an additional premium may apply</b>
Hydrotherm Massage	<b>For higher risk therapies.</b>
Hypnotherapy (Hypnotherapy exclusion applies)	