

**MALPRACTICE, PROFESSIONAL INDEMNITY, PUBLIC & PRODUCTS LIABILITY INSURANCE
SCHEME**

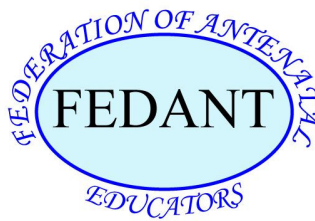
TO ARRANGE COVER, FOLLOW THESE INSTRUCTIONS:

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 full retroactive cover

1. You must be a member of FEDANT
2. You must hold a qualification recognised by Holistic Insurance Services.
3. Complete the proposal form and include all documentation
- 4. Enclose your payment for the correct premium – cheques made payable to Holistic Insurance Services**
- 5. Enclose copies of your Qualification Certificates**
6. Send all of the above to:
Federation of Antenatal Educators (FEDANT) Communications House, 290 Moston Lane, Manchester. M40 9WB

<p>Malpractice, Professional Indemnity, Public & Products Liability* Including retroactive cover Libel & slander Jury service compensation 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 – £5,000,000</p> <p>Legal Expenses * 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, Representation for civil legal proceedings in respect of allegations of wrongful arrest or malicious prosecution, Representation for civil legal proceedings in your capacity as a trustee of a pension fund set up for the benefit of your employees</p> <p>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). **</p> <p>24 hour Legal advice line provided by First Assist</p> <p>Counselling Service – you have access to a free confidential telephone counselling service, provided by professionally qualified counsellors.</p> <p>Health and Wellbeing - you have access to free health and wellbeing advice provided by teams of doctors, nurses and specialists, and also to an online health portal.</p> <p>Optional extension:</p> <p>Business Equipment * - Cover is available for business equipment; please contact us if you would like a quote.</p> <p>* Terms and conditions apply. A copy of the policy wording is available upon request. ** This section is underwritten on a "Claims Made" basis and therefore must be in force at the time a claim is made against you</p>	<p><u>Premium</u></p> <p>£49.75</p> <p>All premiums include 6% Insurance Premium Tax Administration Fee and use of legal helpline</p>
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POLICIES ARE ISSUED ON A 12 MONTH BASIS. REFUNDS ARE NOT GIVEN AFTER THE FIRST 30 DAYS OF COVER DUE TO THE NATURE OF THE INSURANCE. THESE RATES ARE VALID TO 28TH FEBRUARY 2012.



APPROVED THERAPIES

Complementary therapists specialising in Antenatal Care

Acupressure	Indian Head Massage
Acupuncture	Massage
Aromatherapy	Natal Hypnotherapy *
Aqua Natal	Nutrition
Alexander Technique	On Site Massage
Bach Flower	Pilates
Bowen Technique	Pregnancy/Postnatal Exercise
Breastfeeding Counsellor	Reflexology
Counselling	Reiki
Craniosacral Therapy	Relaxation Therapy
Doula Birth Companion	Smoking Cessation Therapy
Hand Reflexology	Shiatsu
Homeopathy	Yoga
HypnoBirthing *	
Hypnotherapy *	

For unlisted therapies please call and we will consider your therapy further

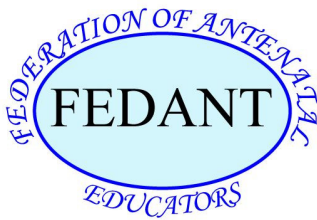
* Excludes any stage or entertainment hypnosis

Holistic Insurance Services, 181a Watling Street, Towcester, Northants, NN12 6BX

Tel: 0845 222 2236

Fax: 0845 222 2237

www.holisticinsurance.co.uk



Insurance Proposal form

Malpractice/Professional Indemnity/ Public/Products Liability Insurance (Losses Occurring Basis)

Please complete in blue or black ink. Make sure that everything is legible. This form is scanned electronically. 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.

Name including any trading name and title (Mr/Mrs/Ms/Miss)

Correspondence Address

Postcode

Telephone Number

Email address

Natal service(s) you wish to cover: **Please enclose a copy of your certificate/diploma**

	Service	Award/Qualification	Date attained
1	Antenatal Educator		
2	Breastfeeding Counsellor		
3	Doula		

Other therapies that you wish to cover: **Please enclose a copy of your certificate/diploma**

	Therapy	Dates / Duration of Training Course You Attended OR Are Attending	Teacher / College
1			
2			
3			
4			

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

Some therapies not included on the approved therapies list may require an increase in premium.

Do you maintain client's records and retain them for at least 5 years?

Yes No

Are you a member of any other Professional Organisation? If yes, please list

Yes No

Have you ever been subject to a disciplinary hearing or suspended from any Professional Organisation Yes No

Do you carry or have you carried Professional Indemnity Insurance during the last 12 months

Yes No

If yes, please provide

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

A) 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

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

Yes No

C) 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

If yes to questions A, B or C above, please give full details on a separate sheet and you will be contacted.

Date Insurance to commence

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.

I hereby declare and warrant the above statements and particulars are in all respects complete and true, that they are material, and that I have not suppressed or misstated any material facts and I agree that this proposal form shall be the basis of the contract with the underwriters and deemed to be part of the insurance coverage issued to me.

Signature of Proposer Date

We cannot accept any proposal form which is signed/dated more than 30 days prior to the commencement date.

Please forward the completed application and all documentation to:

The Federation of Antenatal Educators, Enterprise House Wales, Valley Innovation Centre, Navigation Park, Abercynon, CF45 4SN.

PAYMENT

METHODS OF PAYMENT (Please tick chosen option):

By cheque, bank draft or postal order - made payable to Holistic Insurance Services. If you are based in Eire, payment must be in **EUROS** not Sterling

By debit/lazer card

By credit card (Visa or Mastercard only)

Note a fee of 2.5% is added to credit card payments

Card number:

Expiry date: ___/___ Issue number (Switch only) _____ Valid From Date ___/___

Card security code

Please make payment with order: we will not cash your payment unless your application is approved.
Please allow up to 5 - 10 days for processing.

Holistic Insurance Services is a trading name of GINS Ltd

Authorised and Regulated by the Financial Services Authority

The insurance is underwritten by Novae Underwriting Limited underwriting for certain underwriters at Lloyd's