

**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:

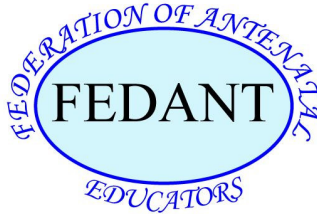
**The Federation of Antenatal Educators
Enterprise House Wales, Valley Innovation Centre, Navigation Park, Abercynon, CF45 4SN.**

ANNUAL PREMIUMS:

<u>Malpractice, Professional Indemnity, Public & Products Liability*</u>	<u>Limit of indemnity</u>	<u>Premium</u>
Including retroactive cover Libel & slander Jury service compensation Legal advice line** Legal defence costs in respect of claims made under the policy	Any one claim and in total in the period of insurance including legal defence costs Limit £5,000,000	£44.75
Legal defence costs in respect of disciplinary hearings; Legal/accountancy costs incurred as a result of an Inland Revenue or VAT investigation Limit of indemnity £500,000 (please note that there is an inner limit of £100,000 for each claim) ***		Available for: Antenatal Educators and Complementary therapists specialising in antenatal care
* Terms and conditions apply. A copy of the policy wording is available upon request. ** Provided by First Assist *** This section is underwritten on a "Claims Made" basis and therefore must be in force at the time a claim is made against you.		All premiums include 5% Insurance Premium Tax Administration Fee and use of legal helpline

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 2011.

Holistic Insurance Services, 181a Watling Street, Towcester, Northants, NN12 6BX
Tel: 0845 222 2236
Fax: 0845 222 2237
www.holisticinsurance.co.uk



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

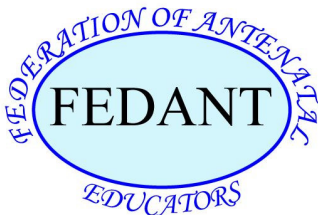
* Excludes any stage or entertainment hypnosis

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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 7 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

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