



Affinity Scheme for The Academy of Physical Medicine

INDEMNITY LIMIT	£6,000,000 Sports Therapy	£6,000,000 Physiotherapy	£6,000,000 Osteopathy	£4,000,000 Chiropractor
	£48.00	£144.00	£207.00	£850.00

Premiums include Insurance Premium Tax, DAS Legal Expenses Package, Balen Admin/Doc fee of £0.00-£50.00.

Important Note: - This policy is for individuals only (including proprietor only limited companies). If you employ or use other Health and Wellbeing Professionals or if you take payments, bookings or advertise for other Health and Wellbeing Professionals, this policy may not be suitable – please contact Balens for guidance.

- You must be a current member of the Academy of Physical Medicine for your insurance policy to be valid.

NO CLAIMS DECLARATION

I HEREBY DECLARE AND WARRANT that I have never been convicted of any criminal offence, other than motoring offences, or offences that are spent under the Rehabilitation of Offenders Act 1974, and there are no 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** **2016/17**

Title **Surname** **First name**.....

Address

.....

Post Code

Phone Number **Email**

What date do you require your new policy to start from?

Registration Number

Please state the activities that you require cover for, subject to suitable qualifications held, in the box below. Please enclose copies of qualifications for all therapies that you require cover for. There are over 800 different activities covered under this policy at no extra charge!

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