

## Professional Liability Insurance for Complementary Therapists

Full name of Proposer			
Business Name (if applicable)			
(Please state if a Limited Company or full names of all partners if a Partnership)			
How many Directors /Partners do you have?			
Current Turnover			
Address for correspondence			
	Postcode:		
Telephone Number		E-mail:	
Mobile Number		Fax	

**Business or Occupation** - The policy provides cover for liability arising from the therapies currently practised and can also include any therapies which have now been discontinued, providing these have been declared to and accepted by us. In addition, cover can be extended to include your liabilities if you are training other people in therapies which you practice, subject to additional premium. **Please specify below all therapies for which cover is required, and whether you also require cover for training**

Therapy	Current or Discontinued?	Including Training? Y/N

Please state qualifications to undertake all therapies to be insured and attach copies of your certificates to this application.

**Other Information** (please tick appropriate box)

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| a) To the best of your knowledge and belief have there been any claims made against you in respect of any of the covers now proposed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Are you aware of any existing circumstances which could give rise to a claim?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) Do you undertake any work in the USA or its territories and possessions or in Canada?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) Has any Insurer declined a proposal or refused to renew insurance?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have ticked answered "Yes" to any of the above questions, please provide details on a separate sheet.

The insurers reserve the right to vary the terms of the insurance in the light of the answers given.

Please indicate the date from which you would like your insurance to start:

**Please note that cover will not commence until this form has been received and accepted by LFC Graybrook Ltd (unless specifically agreed otherwise).** The policy will run for 12 months from the agreed date.

**Limits of Indemnity and Cover Options**

Professional Liability Insurance – please tick Limit required      £2,000,000       £5,000,000

If you require Employers Liability cover (£10m limit) please tick this box       **Note: this option is not available in isolation**

Number of Employees

Please refer to your quotation letter or charges information sheet for costs.

**Declaration**

I declare that to the best of my knowledge or belief the particulars and statements given in this proposal and any other information provided in connection with this proposal are true and complete and this proposal, declaration and information shall be the basis of the contract between myself and the insurer. I agree to accept the insurer's standard form of policy and endorsements for this insurance. I confirm that all persons carrying out activities in accordance with the Business or Occupation as defined above are suitably qualified to do so.

Signature       Date

Important – It is necessary for you to inform us of all facts which are likely to influence us in the acceptance of your insurance. Failure to do so could invalidate this insurance. If you are in any doubt whether a fact may influence us you should disclose it.

## IMPORTANT INFORMATION

### Personal Data

The insurer for policies written under this scheme for Professional Liability cover is Royal & Sun Alliance Insurance plc (RSA) The insurer for policies written under this scheme for Employers Liability cover is AXA Insurance UK plc (AXA). The scheme is administered on their behalf by LFC Graybrook Ltd

To set up and administer your policy RSA, AXA and LFC Graybrook will hold and use information about you supplied by you. They may send it in confidence for processing to other companies acting on their instructions including those located outside the European Economic Area.

LFC Graybrook may also send you details of their other products and services. Please tick this box if you do not wish to receive such details.

### CUE

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. When you tell us about an incident (such as a fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register. You can ask us for more information about this.

### IPT

Insurance Premium Tax

The Finance Act 1994 requires us to levy Insurance Premium Tax at the prevailing rate on insurance premiums. For further information, please ask us.

### HOW TO PAY

By Debit Card on the number below or by cheque payable to **LFC Graybrook Ltd**

**This scheme is administered by:**

**LFC Graybrook Ltd, MKM House, Baron Road, South Woodham Ferrers, Essex CM3 5XQ**

**Tel: 01245 321185**

**Fax: 01245 322240**

**LFC Graybrook Ltd is an Appointed Representative of LFC Insurance Brokers Ltd who are authorised and regulated by the Financial Services Authority. Registered no. 301666**

**Underwritten by Royal & Sun Alliance Insurance plc. (No. 93792)**

**Registered in England and Wales at St. Mark's Court, Chart Way, Horsham. RH12 1XL**

**Authorised and regulated by the Financial Services Authority**

**And**

**AXA Insurance UK plc Registered in England No.78950**

**Registered Office: 5 Broad Street, London EC2N 1AD**

**Authorised and regulated by the Financial Services Authority**