



Complementary therapists

Application form
United Kingdom

INTRODUCTION

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance.

Following a reasonable search you must provide us with all information which may be material to the cover we offer in a clear and accessible manner. Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you. If you are in any doubt whether a fact or circumstance is material you should disclose it.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, director or partner of the applicant company. They should make all the necessary enquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable our questions to be answered.

If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

SECTION 1: COMPANY DETAILS

- 1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured company:	_____
Contact name:	_____
Address:	_____ _____
Postcode:	_____
Website:	_____

- 1.2 Please state when your company was established:

- 1.3 a) Please state your Employer Reference No. (ERN):

- b) Do you have any subsidiaries in the UK?

 Yes No

If 'yes', please complete the Supplementary Information section at the back of this application form.

- 1.4 a) How many directors / officers / partners are there in the Company?

- b) Please show the details of all partners / directors:

Name	Years in position	Years experience	Qualifications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- c) Please state the number of employees:

Professional:

Clerical:

Other:

1.5 Please state your fees received in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic turnover:	_____	_____	_____
Other territory turnover:	_____	_____	_____
Total turnover:	_____	_____	_____
Profit / (Loss):	_____	_____	_____

Date of financial year end:

DD / MM / YY

SECTION 2: ACTIVITIES

2.1 Please briefly describe below the nature of your business activities:
If you have a brochure, or company literature, please attach to this form.

2.2 Please provide a full breakdown of your total turnover by activity:
The total of all activities listed here should equal 100%.

	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%

2.3 Do you belong to any association related to these activities?
If 'yes', please list these associations below: Yes No

2.4 Is any legislation currently in force governing your activities?
If 'yes', please provide details:

Yes No

2.5 Do you verify professional certificates or licenses of all employees and independent contractors?
If 'no', please explain:

Yes No

2.6 In the event that your product or service failed or delivery was delayed please describe the worst case scenario. Consider the potential for loss of life, injury to people, damage to buildings or other tangible property, or financial loss (consequential or otherwise) for your clients:

Only complete question 2.7 if you also require a quote for Employers' or Public Liability.

2.7 Please state the following:

a) Your total estimated payroll for the next financial year:

b) Your payroll relating to non-manual work away from your premises (such as consulting or similar):
Please detail the nature of this work below:

c) Your payroll relating to manual work away from your premises:
Please detail the nature of this work below:

d) Your payroll relating to hazardous work away from your premises:
Please detail the nature of this work below:

SECTION 3: COMMERCIAL PROPERTY & BUSINESS INTERRUPTION INSURANCE
Only complete this section 3 if you require this cover.

3.1 Please state the address of the premises to be insured (if different from the address given earlier):

PREMISES 1

Address: _____

Postcode: _____

PREMISES 2

Address: _____

Postcode: _____

Please continue on a separate sheet if more than 2 premises are to be insured.

3.2 Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy:

Name of party: _____

Interest of party: _____

Address: _____

Postcode: _____

3.3 Are all of the premises:

- a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? Yes No
- b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? Yes No
- c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes No
- d) In a good state of repair? Yes No
- e) Self contained with a lockable entrance door? Yes No

f) Protected by an intruder alarm that is subject to an annual maintenance contract? Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

g) Heated by a conventional electric, gas, oil or solid fuel heating system? Yes No

h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes No

i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No

j) Sprinklers, either fully or partially? Yes No

NOTE: Assuming you have answered 'yes' to h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of the above questions then please give further details:

3.4 Please detail the amounts to be insured below for each premises:

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main building:	<hr/>	<hr/>
Landlord's fixtures & fittings and tenant improvements:	<hr/>	<hr/>
Personal computers, printers and ancillary computer equipment at your premises:	<hr/>	<hr/>
All other contents at your premises:	<hr/>	<hr/>
Portable computers and associated equipment at home / away from your premises:	<hr/>	<hr/>
All other contents at home / away from your premises:	<hr/>	<hr/>

3.5 Please state, in respect of portable computers and associated equipment at home / away from your premises, the maximum value of any one item (not the total value of all items):

3.6 Please detail the amounts to be insured below for business interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period:

We provide our business interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, costs and expenses, or outstanding debts. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium:

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business interruption cover ('Flexible First Loss'):	_____	_____

SECTION 4: CLAIMS EXPERIENCE AND INSURANCE HISTORY

4.1 Please provide details of your current professional indemnity insurance, if applicable, and what you require for the next year of insurance:

	Retroactive date	Effective date	Limit	Excess	Premium	Insurer
Current:	MM / YY _____	MM / YY _____	_____	_____	_____	_____
Required:	MM / YY _____	MM / YY _____	_____	_____	N/A	N/A

4.2 Please provide details of your current public liability insurance, if applicable, and what you require for the next year of insurance:

	Effective date	Limit	Excess	Premium	Insurer
Current:	MM / YY _____	_____	_____	_____	_____
Required:	MM / YY _____	_____	_____	N/A	N/A

4.3 Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or
- are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above:

Yes No

If the answer to the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by Insurers, and the dates of all developments and payments.

SECTION 5: DECLARATION

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

Signed:	_____	Full name:	_____
Position held at insured:	_____	Date:	DD / MM / YY _____

SUBSIDIARY 1	
Company name:	ERN:
Address:	
Postcode:	
SUBSIDIARY 2	
Company name:	ERN:
Address:	
Postcode:	
SUBSIDIARY 3	
Company name:	ERN:
Address:	
Postcode:	
SUBSIDIARY 4	
Company name:	ERN:
Address:	
Postcode:	

If you have more than 4 subsidiaries please continue your response in the Additional Information section.

ADDITIONAL INFORMATION: