



Acupuncture
Acupuncture
Council

In conjunction with
HOLISTIC INSURANCE SERVICES

<p>Malpractice, Professional Indemnity, Public & Products Liability* 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: Retroactive cover for previously insured periods 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>Underwritten by AXIS Underwriting Ltd for certain syndicates at Lloyd's. Optional extension: Business Equipment * - Cover is available for business equipment; please contact us if you would like a quote.</p> <p>Legal Expenses* This section is underwritten on a "Claims Made" basis and therefore must be in force at the time a claim is notified to Insurers. 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, Social Media Defamation Contract Disputes Debt Protection 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). 24 hour Legal advice line Counselling Service – you have access to a free confidential telephone counselling service, provided by professionally qualified counsellors. The legal expenses and helplines are provided by Arc Legal Assistance *Terms and conditions apply. A copy of the insurance wording is available upon request. Individual sections are not available on their own.</p>	<p>Cost for Tui Na, Thai & Indonesian Massage £54.50</p> <p>This is made up of : Premium for the liability section £25.50 Premium for the Legal Expenses section £6.00 Insurance Premium Tax £3.78 Fee £19.22</p> <p>Additional premium to include Acupuncture, Moxibustion, Cupping & Heat lamp £31</p> <p>This made up of : Premium £27.68 Insurance Premium Tax £3.32</p> <p>NOTE Whilst you are a student cover is in respect of case studies and performing practice treatments. Upon receipt of your diploma you will be upgraded to practitioner cover at no extra charge.</p>
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The list of additional premiums is not exhaustive and we reserve the right to request an additional premium if deemed necessary. You will be contacted if this is required.

THE INSURANCE IS ISSUED ON A 12 MONTH BASIS. RATES ARE VALID FROM 1ST FEBRUARY 2023. WE RESERVE THE RIGHT TO ALTER THE COST AT ANY TIME IN VIEW OF OUR OWN CIRCUMSTANCES OR CHANGES IN GOVERNMENT LEGISLATION. IF THE POLICY IS UNSUITABLE FOR YOUR NEEDS YOU CAN CANCEL WITHIN 14 DAYS FOR A FULL REFUND. AFTER 14 DAYS A REFUND WILL BE GIVEN LESS THE ADMINISTRATION FEE. A REFUND WILL NOT BE GIVEN IF THERE ARE ANY REPORTED INCIDENTS THAT MAY GIVE RISE TO A CLAIM.

Acupuncture-Acupuncture Council – AcuC membership fee of £45 is payable to BODYHARMONICS

Payment for the insurance will be taken by telephone by Holistic Insurance when your application has been processed. Please allow 5 working days from when they receive your application for it to be processed.

Please forward all documentation to: members@acupuncture-acupuncture.co.uk

INSURANCE PROPOSAL FORM

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

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. If you are in any doubt in relation to any questions in this Proposal Form, please contact us.

AcuC Membership Reference Number

We will not be able to process your application without this information.

Title, First and Last Name

Business trading name or
Limited Company name

Correspondence Address

Postcode

Telephone Number

Email address

Therapies that you wish to cover:

1.	A. Treatment/Modality:	
	B. Dates / Duration of the Training Course you are attending (for students only)	
	C. Teacher / College (for students only)	

2.	A. Treatment/Modality:	
	B. Dates / Duration of the Training Course you are attending (for students only)	
	C. Teacher / College (for students only)	

3.	A. Treatment/Modality:	
	B. Dates / Duration of the Training Course you are attending (for students only)	
	C. Teacher / College (for students only)	

Please enclose a copy of your qualification certificate or diploma this must not be from a distance learning provider. Or complete sections B and C if you are a student. We reserve the right to refuse qualifications that do not meet National Occupational Standards if applicable. If you are in any doubt then please contact us. Some therapies may require an increase in premium or special terms. Please do not send original certificates as we cannot guarantee their safe return.

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

Do you require cover to train others to become Practitioners?

Yes No

If Yes do you deliver a third party course on behalf of another training provider e.g. college or school who remunerate you for the training that you do?

Yes No

If No please contact us for details.

Questions

1)(a) Do you maintain client records including a signed and dated consultation and consent form or contract and retain them for at least 5 years? Yes No

OR

(b) If you have not done this in the past or you are just starting in business please confirm that you will do this going forward Yes No

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

3) Have you held insurance for your business in the last 12 months? Yes No
If Yes please provide the following information:

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

4) 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

5) Has any Insurer ever cancelled, declined refused to renew or accepted on special terms your professional insurance? Yes No

6) 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

7) Are you aware of any circumstances which may be material to the Insurer's decision on whether to issue you with a policy, the terms of the policy or the amount of premium to charge you? Yes No

If yes to questions (2), (4), (5), (6) or (7) above, please give full details on a separate sheet submit and enclose same when submitting this Proposal Form and you will be contacted.

Date Insurance to commence

Day	Month	Year

This date must be within 14 days of you signing this proposal form. If you do not put a date, then we will issue cover from the date that we process your application.

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. Failure to do so may invalidate your policy.

I declare that I have made a fair presentation of the risk by disclosing on this completed Proposal Form and enclosures all material circumstances which I know or ought to know or, failing that by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature of Proposer Date