

Professional Liability Insurance Scheme for Sports Massage Practitioners

Full name of Proposer

Are you a Student? Yes No

Are you Qualified? Yes No **Copies of certificates should be attached to this form**

SMA Membership Number (if applicable) or Name of Training Provider

Business Name (if any)

Note: If you offer services through a corporate entity or partnership, the individual rates quoted overleaf do not apply and a separate quotation will be provided.

Address for correspondence

Postcode

Telephone Number Email

Mobile Number Fax

If you trade as a Limited Company, please provide the following information:

Estimated Annual Turnover £ Number of Directors

Do you offer training to others? Yes No

If Yes, please state details of the training courses provided.

The policy provides cover for civil liability arising whilst practitioners are working temporarily anywhere in the World, provided they are ordinarily resident in the United Kingdom and work within the Scope of their qualification(s). **Please indicate by ticking the appropriate boxes the therapies for which cover is required and attach copies of all relevant qualification(s) certificate(s). Failure to provide evidence of qualifications will invalidate the policy cover.** No claims are covered for any work not qualified to perform, or undertaken in the U.S.A. or Canada if you have any assets there.

Band 1		Band 1		Band 2	
	Tick		Tick		Tick
Acupressure	<input type="checkbox"/>	Reflexology	<input type="checkbox"/>	Electro Therapy & Ultrasound	<input type="checkbox"/>
Aromatherapy	<input type="checkbox"/>	Reiki	<input type="checkbox"/>	Fitness Training & Classes	<input type="checkbox"/>
Baby Massage	<input type="checkbox"/>	Sports & Remedial Massage Therapy	<input type="checkbox"/>	Hopi Ear	<input type="checkbox"/>
Bowen Therapy	<input type="checkbox"/>	Sports & Remedial Massage Therapy	<input type="checkbox"/>	Hot Stone	<input type="checkbox"/>
Chinese Massage	<input type="checkbox"/>	Student	<input type="checkbox"/>	Personal Training	<input type="checkbox"/>
Deep Bodywork Massage	<input type="checkbox"/>	Seated Chair Massage	<input type="checkbox"/>	Sports Therapy & Rehabilitation	<input type="checkbox"/>
Facial Massage	<input type="checkbox"/>	Sotai	<input type="checkbox"/>	Strength & Conditioning	<input type="checkbox"/>
Holistic Massage	<input type="checkbox"/>	Sports Massage Therapy	<input type="checkbox"/>		
Indian Head Massage	<input type="checkbox"/>	Sports Massage Therapy Student	<input type="checkbox"/>		
Massage in Pregnancy	<input type="checkbox"/>	Swedish Massage	<input type="checkbox"/>	Band 3	<input type="checkbox"/>
Neuromuscular Massage	<input type="checkbox"/>	Thai Massage Therapy	<input type="checkbox"/>		
No Hands Massage	<input type="checkbox"/>	Therapeutic Massage Therapy	<input type="checkbox"/>		Tick
On-site Massage	<input type="checkbox"/>	Tuina	<input type="checkbox"/>	Power Assisted Micro Manipulation	<input type="checkbox"/>
Pilates	<input type="checkbox"/>	MA Sports Massage Levels 3 - 5	<input type="checkbox"/>	Laser	<input type="checkbox"/>

Cover for a wider range of therapies is available on request – please complete details overleaf

First Aid and Related Activities

- a) Do you attend outside events to offer Sports Massage, which may include ancillary First Aid? Yes No
- b) Do you attend to offer First Aid ONLY? Yes No

If you have answered Yes to either of the above, please state:

Types of event attended

Frequency

First Aid qualification (please attach copy certificate)

Do you offer

- a) Wound Management Yes No
- b) Suturing Yes No
- c) Sports Trauma Management Yes No

If yes, please note that the policy is only intended to cover all the above activities as 'First Response' only, and you must provide copies of your qualification(s) certificate(s) as evidence of competency. If you provide services beyond First Response, please give details below:

Please specify any activities which are not listed overleaf for which cover is required, and attach copies of your qualification(s) certificate(s)

Other Information

- 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 No
- b) Are you aware of any existing circumstances which could give rise to a claim? Yes No
- c) Do you undertake any work in the USA or its territories and possessions or in Canada? Yes No
- d) Has any Insurer declined a proposal or refused to renew insurance? Yes No

If you have 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).

Limits of Indemnity Options - Please tick the Limit of Indemnity and Band required.

	Student <input type="checkbox"/>	Band 1 <input type="checkbox"/>	Band 1 <input type="checkbox"/>	Band 2 <input type="checkbox"/>	Band 3 <input type="checkbox"/>
Professional Indemnity	£2,000,000	£2,000,000	£5,000,000	£2,000,000 only	£2,000,000 only
Public Liability	£2,000,000	£2,000,000	£5,000,000	£2,000,000 only	£2,000,000 only
Charges for Period Certificates issued between 1st April, 2008 – 31st March, 2010	£38.00	£75.00	£88.00	£130.00	£183.00
Discounted Premiums for Members of the Sports Massage Association	£35.00	£69.00	£79.00	£117.00	£161.00
If you require a quote for £5,000,000 in respect of Bands 2 or 3, please tick the appropriate box.				Band 2 <input type="checkbox"/> £5m	Band 3 <input type="checkbox"/> £5m

If more than one therapy is to be insured, the premium for the higher rated activity will apply.
Please note that certain restrictions may apply to specific activities – full details are available on request.

If you require Employers Liability cover (£10m limit) please tick this box

(Please note this cover can not be taken in isolation)

1-3 employees £ 101.00

Please state number of employees including directors

4-6 employees £ 138.00

Total Amount Payable

£

The amount payable is inclusive of 5% insurance premium tax, brokerage and all administration fees, details of which are available on request. No discounts apply under this extension.

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.

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 insurers for policies written under this scheme is Royal & Sun Alliance Insurance plc (RSA) and Novae Insurance Company Limited (Novae) for Professional Liability insurance, and AXA Insurance UK plc (AXA) for Employers Liability insurance. The scheme is administered on their behalf by LFC Graybrook Ltd

To set up and administer your policy RSA, Novae, 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.

LAW APPLICABLE

The parties to the Policy have the right to choose the law applicable to the Policy. Unless the parties agree otherwise English law shall apply.

HOW TO PAY

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

www.lfcgraybrook.co.uk

This insurance 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

Novae Insurance Company Limited. Registered in England No. 05673327.
Registered Office: 71 Fenchurch Street, London EC3M 4HH
Authorised and regulated by the Financial Services Authority

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