

Application for Additional Therapy Extension

Your medical malpractice and public/products liability insurance package is intended for homeopathic practice, and we therefore expect the largest percentage of your practice to reflect this. However, we recognise that some homeopaths practice additional therapies as a small percentage of their practice, and in some circumstances we can offer an extension to the policy to cover this.

Additional therapies will be considered if they are of a similar or lower insurance risk to homeopathy, if the appropriate training has been undertaken, and if the Board of Directors considers the aims and objectives of the Society as set out in the Register will be maintained.

In some circumstances it may be necessary to pay an additional fee for cover. In that case details of this will be given in response to this form.

SECTION 1

Name Membership Grade

Address

Email Tel

SECTION 2

a) Additional therapy insurance required for

b) What percentage of your total practice time is taken by this additional therapy?%

c) Do you practice any other therapies?

d) What percentage of your total practice time is taken by other additional therapies?%

SECTION 3

a) Establishment where training for additional therapy was undertaken

b) Duration of course (in years)

c) Type of course Full time part time

d) Frequency of attendance

e) Was any examination practical or written

f) Which professional body do you belong to for this additional therapy?

SECTION 4

- a) Have you been insured previously for this therapy?
 - b) Which company was the insurance with?
 - c) Why did you cease insurance with them?
 - d) Have any accidents, losses or claims arisen, with regard to the additional therapy, whether insured or not? If yes please provide full details
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SECTION 5

I enclose a copy of the following for the therapy I wish to have covered:

- | | Yes | No | If 'No', why? |
|---|--------------------------|--------------------------|---------------|
| a) training certificate | <input type="checkbox"/> | <input type="checkbox"/> | |
| b) the course syllabus of the establishment I trained at | <input type="checkbox"/> | <input type="checkbox"/> | |
| c) my current insurance certificate for the additional therapy (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | |
| d) my membership certificate of the appropriate professional body (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | |
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DECLARATION

- I declare that the information above is correct, that there have been no claims against me and to the best of my knowledge I am not aware of any circumstances that may lead to a claim.
- I am not aware of any reason why I should not seek insurance cover through The Society of Homeopaths for this additional therapy.
- I apply for additional insurance cover for the therapy named in Section 2 a)
- I understand The Society of Homeopaths will be unable to intervene and or deal with any complaint that relates to a matter not connected to homeopathy.

Signed: Date:

Please photocopy this form for your own records and return the original to the address below.