



www.shamanicwarrior.com
 T: (+44) 020 8758 9950
 M: 07977 935633

Warrior in the Heart Foundation Shamanic Training Block Insurance Scheme

The policy runs from 01st January to 31st December

If you are joining this scheme three months or more after the above start date, please see the short period rate table below

INDEMNITY LIMIT	£3,000,000	£3,000,000 STUDENT COVER- Includes DAS Package	Personal Accident (optional) Key fact sheet attached
Shamanic Practitioner/Soul regeneration	☐£45.00	☐£30.00	£10.00
Shamanic Practitioner/Soul regeneration and other therapies	☐£56.00	☐£30.00	£10.00

Premiums include Insurance Premium Tax/Levy, DAS Legal Expenses Package, Affinity, Balen Admin/Doc fee of £0-£20 which applies to the Malpractice element of the policy only

SHORT PERIOD RATE TABLE FOR NEW MEMBERS

- Your Scheme has common renewal date for all Members of 1st January.
- In order to take your cover round to this date, the **premiums reduce according to when you join** as per the table below.

DATE:	Jan – Mar	Apr – Jun	Jul – Sep	Oct - Dec
Shamanic/Soul only	£45.00	£34.000	£24.00	£14.00
Shamanic/other therapies	£56.00	£44.00	£32.00	£19.00
Student Case work	£30.00	£24.00	£14.00	£8.00

NO CLAIMS DECLARATION

I HEREBY DECLARE AND WARRANT that I have never under current or previous trading titles been convicted of any criminal offence, other than motoring, or have any prosecutions pending. No insurer has ever cancelled, declined or refused to renew a policy. I have had no claims, or circumstances, which could give rise to a claim under the policy involving negligence, error or omission, and I am not aware of any circumstances which may result in a claim or suit being made against me. By signing the form below I confirm that the above statements & particulars are in all respects complete and true, that they are material, and that I have not suppressed or misstated any material facts. This means that you should not withhold or misrepresent any facts which are likely to influence the Company's assessment and acceptance of this proposal. You have a duty to disclose them and failure to do so could invalidate the insurance cover. I agree that this form shall be the basis of the Contract with Underwriters & deemed part of the insurance coverage issued to me. I can also confirm that I have read, understood and agree to accept the Balens Terms of Business letter attached.

A specimen policy wording is available on request at all times.

Signed Dated **2010/11**

Title Surname First name.....

Address

Phone Number Email

Please state the therapies that you require cover for, subject to suitable qualifications held, in the box below. Please enclose copies of all qualifications.

--	--	--	--

Please make cheques payable to Balens and return with your completed form to:-

2 Nimrod House, Sandy's Road, Malvern, Worcs, WR14 1JJ Tel: 01684-893006 Fax: -1684-891361

www.balen.co.uk info@balen.co.uk

THERAPIES COVERED

- We will require copies of qualifications for all therapies practised, except Shamanic and Soul Regeneration

Acupressure	Pilates
Alexander Technique	Polarity Therapy
Allergy Testing	Provocative Therapy
Angel Therapy	Psychotherapy (including Jungian Analysts)
Animal Therapy	Qi Gong
Autogenic Therapy	Radionics
Aromatherapy	Reflexology
Astrology	Reichian Therapies
	Reiki
Assemblage Point Shifting	Relaxation Therapy
Aura Balance-Energy Field Therapy	Remedial Therapy
Aura-Soma	Rhythmical Massage Therapy Training
Bach Remedies	Rolfing
Bi Aura	Shamanic Practitioner
Bio Energy Therapy	Shiatsu
Bio Kinetics	Soul Regeneration
Bio Magnetic Therapy	Spiritual Psychotherapy
Bionetics	Sports Massage
Body Harmony	Stress Management
Bowen	Tai Chi (Non Combat)
Breathing Therapy / Breathing Massage	Teaching
Cognitive Therapy	Thought Field Therapy
Colour Therapy	Touch for Health
Cranio Sacral Therapy	Vitamin & Mineral Therapy
Creative Writing	Vortex healing
Dowsing for Stress Release	Yoga
Educational Kinesiology	
Emotional Freedom	
Emo Trance	
Energy Balancing	
Energy Field Therapy	We include many other therapies within this package at
Energy Interference Patterning	No additional premium. If your therapy is not listed,
Feldenkrais Method	Please put it down on the form and enclose a copy of
Hearing Therapy	Your qualification. Please note that we may need
Herbalism	Further information or an additional premium may apply
Holographic Re-patterning	For higher risk therapies.
Homoeopathy	
Hopi Ear Candling	
Human Givens	Student cover
Hydrotherm Massage	
Indian Head Massage	
Intergrated Energy Therapy	
Iridology	
Kinesiology	
Kinetic Energy	
Light Body DNA Activation Therapy	
Life Coaching	
Manual Lymph Drainage Category 1 & 2	
Massage (including deep tissue)	
Meditation & Psychic Awareness	
Nutrition Therapy	
On Site Massage	