

The Sentio Therapy and Wellbeing Insurance Portfolio is designed to meet all the insurance needs of a professional therapy and wellness practice.

Which sections should you complete?

Section	Title	Should you complete it?
1.	Your business	All businesses must complete this section
2.	Medical malpractice	All businesses must complete this section
3.	Professional indemnity	Please complete this section if you require this cover
4.	Employers', public and products liability	Please complete this section if you require this cover
5.	Property - buildings and contents	Please complete this section if you require this cover
6.	Business interruption	Please complete this section if you require this cover
7.	Management liability	Please complete this section if you require this cover
8.	Claims	All businesses must complete this section
9.	Declaration	All businesses must complete this section

This proposal form

In deciding whether to accept the insurance and in setting the terms and premium, we have relied on the information you have given us.

You must:

- give a fair presentation of the risk to be insured by clearly disclosing all material facts and circumstances (whether or not subject to a specific question) which you, your senior management and those responsible for arranging this insurance, know or ought to know following a reasonable search;
- take care by ensuring that all information provided is correct, accurate and complete.

How you found us

How did you hear about Sentio Therapy and Wellbeing?

- Referral from a colleague or friend
- Membership organisation (please specify)
- Social media (please specify)
- Online search
- Advertisement (please specify where you saw it)
- Event or exhibition (please specify)
- Existing client
- Other (please specify)

Section 1 - Your Business

You must complete this section

1.1 Your business

Business name

Main address

Post code

Year business established

HMRC Employer Reference Number (ERN)

1.2 Your employees

Your total number of employees

Employed	Self-Employed
<input type="text"/>	<input type="text"/>

1.3 Subsidiary or associated companies

Do you require cover (under any section to be insured) for any subsidiary or associated companies? Yes No

If **Yes**, you must ensure that all other information you give in this proposal form incorporates that for the subsidiary or associated companies, including income and claims information.

1.4 Subsidiary companies

Subsidiary company means any company in which the company named in section 1, directly or indirectly, owns more than 50% of the book value of the assets or outstanding voting rights.

Please provide the following details for all subsidiary companies to be insured.

Name	Main/registered address including postcode	HMRC Employer Reference Number [^]
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

1.5 Your income

Your total income: please provide a breakdown according to the legal jurisdiction of your contracts:

Jurisdiction	Last 12 months achieved turnover Year ending: / /	Next 12 months income Year ending: / /
UK or Ireland	£ <input type="text"/>	£ <input type="text"/>
European Union (including Ireland)	£ <input type="text"/>	£ <input type="text"/>
United States of America and Canada	£ <input type="text"/>	£ <input type="text"/>
Rest of the world	£ <input type="text"/>	£ <input type="text"/>
Total	£ <input type="text"/>	£ <input type="text"/>

1.6 Your experience

Please confirm that one or more of the principals has at least three years' experience in the relevant industry:

Yes No

If **No**, please provide CVs for all principals.

1.7 Membership of professional organisations

Is your business a member of any professional organisations or trade associations?

Yes No

If **Yes**, please provide details:

Section 2 - Medical Malpractice

You must complete this section

2.1 Contracts Are any of the owners or directors practicing healthcare practitioners? Yes No

2.2 Contracts Do you work under normal contract conditions? Yes No
If No, please supply details on a separate sheet.

2.3 Jurisdiction Do you accept liability other than under the jurisdiction of the UK courts? Yes No

2.4 Professional persons Please state the number of persons involved in the following professions:

	Employed	Self employed		Employed	Self employed
Sport Therapy			Occupational Therapist		
Sports Massage			Domiciliary Carer		
Nutritionist			Physiotherapist		
Reflexology			Animal Physiotherapist		
Occupational Therapist			Acupuncture		
Yoga			Psychiatrist		
Pilates			First Aider		
Reiki			Podiatrist		
Hypnotherapy			Radio Therapist		
Osteopath			Haematologist		
Chiropractor			Social Worker		
Orthopaedics			Pathology		
Complementary Practitioner			Dietician		
Aromatherapy			Cognitive Behaviour Therapy		
Sport Therapist					
Other - please specify					

Are all registered medical and dental practitioners members of a medical or dental defence organisation, or otherwise fully Insured for their own malpractice, and do you retain records to ensure this? Yes No

Please state relevant qualifications and experience of key members of staff continue on a separate sheet if necessary.

Staff member	Qualifications

2.5 Limit of indemnity

Limit of indemnity required:

£1,000,000 £2,000,000 £3,000,000 £5,000,000 £10,000,000
 Other £

If you require £10,000,000, please state why:

2.6 Additional questions

Do you actively deliver therapies to sports professionals and/or celebrities? Yes No

If yes, please specify the percentage of your clients in this category and describe the types of professionals or celebrities you work with. For instance, which sports professionals do you serve, and at what level do they compete?

2.7 Safeguarding

Do you have safeguarding procedures in place for work undertaken with vulnerable adults and/ or children? Yes No

2.8 Previous insurance history

Do you carry, or have you carried, malpractice insurance in the last 12 months? Yes No

If Yes, please state:

Name of the insurer:

Present limit of indemnity purchased:

Excess under current policy:

Has the previous policy been on a claims made basis? Yes No

If Yes, what is the retroactive date?

Has any Insurer ever cancelled, your medical malpractice/professional indemnity policy, declined/refused to renew, or only accepted the risk at a special terms? Yes No

If **Yes**, please give details:

2.9 Additional questions Do all self-employed/ subcontractors hold and maintain their own Professional indemnity insurance in place? Yes No

2.10 Additional questions Do you have a contract in place with the self-employed practitioners? Yes No

Please enter any additional information you may deem relevant under this section to support your application

Section 3 - Professional Indemnity

Optional – only complete this section if this insurance cover is required.

3.1 Previous insurance Have you ever bought professional indemnity insurance in the past? Yes No

If **Yes**, please provide details of your most recent policy:

Name of insurer	Limit of indemnity	Excess	Premium	Renewal date	No. of years continuously held

6.2 Indemnity limit Please tick the limit of indemnity required for professional indemnity:

£250,000 £500,000 £1,000,000 Other:

Section 4 - Employers' Liability

Optional – only complete this section if this insurance cover is required.

4.1 Total wage roll	Description*	Estimate for next 12 months	Percentage of work away from your premises
	Clerical/non-manual	£	%
	Manual*	£	%
	Manual*	£	%
	Manual*	£	%

*Please enter a description for the type of manual work undertaken.

- 4.2 Employees
- a. Do you or any of your employees work offshore? Yes No
- b. Do you or any of your employees, in the course of their employment, visit the following countries or regions: Afghanistan, Central African Republic, Chad, Democratic Republic of Congo, Iran, Iraq, Israel, Ivory Coast, Libya, Niger, Somalia, South Sudan, Sudan, Syria, Ukraine, or Yemen. Yes No

4.3 Employers' liability

Are you aware after enquiry of any potential injury or disease to an employee, which may give rise to a claim? Yes No

If **Yes**, please provide full details:

Public & Products Liability

4.4 Cover required

a. Please tick the limit of indemnity required for public and products liability:
 £2,000,000 £5,000,000 £10,000,000 Other: £

4.5 Additional questions

Do you manufacture, mix, sell, distribute, service, alter and/or repair any products? Yes No

If yes, please provide full details of the product range below:

4.6 Additional questions

If you distribute/sell products only, do you use proprietary brands only? Yes No

If yes, please tick the region that the goods go out to and the turnover generated:

UK EU America & Canada Worldwide

Turnover: £

Section 5 - Property, Buildings and Contents

Optional – only complete this section if this insurance cover is required.

5.1 Location of premises to be covered

Location	Full address	Postcode
1.		
2.		
3.		

For additional locations, please use the continuation sheet

5.2 Occupancy

For all premises listed above, please confirm the following:

- a. Is your business the only occupant of the building? Yes No

If **No**, please note that the area you occupy must comply with our minimum security requirements in part 4.6 on the next page.

- b. Do any other businesses occupy any part of the building? Yes No

If **Yes**, please provide details below:

5.3 Construction details

- a. Are all of the buildings constructed with external walls of brick, stone or concrete and roofed with slates, tiles or profile metal? Yes No

- b. Are all of the buildings 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. Are all of the buildings in an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes No

- d. Are all of the buildings in a good state of repair? Yes No

If you have answered **No** to any of the above questions in 6.3 a. to d. above, please provide full details:

- e. Do any of the buildings have any unique construction features? Yes No

If **Yes**, please provide details below:

5.4 Building services

- a. Are the buildings heated by a conventional electric, gas, oil or solid fuel central heating system? Yes No

- b. Is the electrical installation inspected at least every five years by a qualified electrician and any defect remedied? Yes No

- c. Are any lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No

Note: It is important to keep separate records of this as we may not pay a claim unless you can demonstrate that these inspection requirements have been complied with.

5.5 Minimum security conditions

We will not make any payment for damage to contents occurring whilst the business premises is closed for business or left unattended unless the physical security measures at the business premises comply with the following criteria and all security devices were in full and effective operation when the damage occurred:

1. all doors, other than any designated fire exit, providing a final point of entrance to or exit from your business premises are secured by a key operated lock which engages with the door frame and can be engaged from both sides.
2. all designated fire exits are secured by:
 - a. a panic bar locking system incorporating bolts which engage both the head and sill of the door frame; or
 - b. a mortice lock having specific application for emergency exit doors and which is operated from the inside by means of a conventional handle or thumb-turn mechanism.
3. all windows and skylights which are accessible from the ground or easily reached by climbing are:
 - a. secured by means of a key-operated locking device;
 - b. permanently screwed shut; or
 - c. protected by solid steel bars, not more than 10cm apart, or metal grilles.

My/our security measures comply with these criteria Yes No

I/we understand that relevant claims will not be paid if they do not Yes No

5.6 Additional Security

Do you have any additional security in place? Yes No

If **Yes**, please provide details below:

5.7 Intruder alarms

a. Are the premises protected by an intruder alarm system? Yes No

If **Yes**, please give the manufacturer and model of the intruder alarm (at each premises if applicable):

b. Are the intruder alarms maintained under contract at least every 12 months? Yes No

c. Please indicate the type of alarms fitted at the premises:

- | | |
|--|--|
| <input type="checkbox"/> Bells only | <input type="checkbox"/> Connected to the police |
| <input type="checkbox"/> Central station | <input type="checkbox"/> BT Redcare GSM |
| <input type="checkbox"/> Digital communicator (alarm receiving centre) | <input type="checkbox"/> Packnet |
| <input type="checkbox"/> Other – please provide details | <div style="border: 1px solid black; width: 200px; height: 15px;"></div> |

d. Are the premises fitted with a fire alarm system? Yes No

If **Yes**, please give the manufacturer and model of the fire alarm (at each of the premises if applicable):

5.8 Interested parties

If there are any additional financial interests in the property such as those held by banks or building societies, please confirm below:

Name of party	Interest of party	Full address and postcode

5.9 Amounts insured

The amounts insured you stipulate below will dictate the amount of cover provided under the policy. You should enter the full rebuilding or replacement as new cost in each of the categories.

Important note: if you under insure, by understating these values, then we may only pay a proportion of any loss you may suffer. It is therefore essential that you get these figures as close to their true value as possible and if you are in any doubt, you should consult your broker.

a. Buildings

Please enter the full rebuild cost in the grid below:

	Location 1	Location 2	Location 3
Buildings	£	£	£

b. Contents at the premises

Please enter the replacement cost as new for each category in the grid below. For stock and fine art, please also enter a description.

	Location 1	Location 2	Location 3
General contents	£	£	£
Computers and other electronic equipment kept at the premises	£	£	£
Stock	£	£	£
Fine art	£	£	£
Landlord's fixtures and fittings and tenant improvements	£	£	£

c. Property away from the premises

Please enter the replacement cost as new for each category in the grid below. Portable computers and electronic equipment includes (but is not limited to): laptop and notebook computers, mobile phones and BlackBerries, projectors, specialist electronic equipment.

The geographical limit determines the cover given to the items – please do not double count (e.g. if an item is included in 'within the UK' then it does not need to be counted in either 'within the EU' or 'worldwide').

	Within the UK	Within the EU	Worldwide
Portable computers and electronic equipment	£	£	£
All other business equipment	£	£	£

5.10 Building works

Are there any plans to undertake any building work in the next 12 months that are estimated to cost more than £75,000?

Yes No

5.11 Equipment

Do you use any equipment that would take more than three months to replace?

Yes No

If **Yes**, please provide a description

Section 6 - Business Interruption

Optional – please complete this section if you require this insurance cover. It may only be purchased with either the property buildings or contents cover.

Please indicate the basis of cover required for the by completing the sections below. Please consult your broker if you need advice.

Important note: if you under insure, by understating these values, then we may only pay a proportion of any loss you may suffer. It is therefore essential that you get these figures as close to their true value as possible and if you are in any doubt, you should consult your broker.

6.1 Amounts insured

a. **Loss of income/loss or gross profit**

Please choose your required cover basis between either loss of income **or** loss of gross profit below. Our cover for loss of income and loss of gross profit automatically includes increased costs of working.

Please enter values for forthcoming indemnity period selected (e.g. if the indemnity period selected is 12 months, then the revenue or gross profit figure should be for 12 months).

Loss of income – total annual revenue:

£

Loss of gross profit – amount insured:

£

Indemnity period (months) 12 18 24 36

b. **Increased costs of working**

Please enter values for the forthcoming indemnity period selected if you wish to insure increased costs of working without insuring loss of income or loss of gross profit.

Amount insured:

£

Indemnity period (months) 12 18 24 36

c. **Additional increased costs of working**

Please enter values for the forthcoming indemnity period selected if you wish to insure any additional increased costs of working.

Amount insured:

£

Indemnity period (months) 12 18 24 36

d. **Outstanding debts**

Please enter the amount insured you require below.

Amount insured:

£

Section 7 - Management Liability

Optional – only complete this section if cover for directors and officers’ liability, corporate legal liability and employment practices liability is required.

7.1 Directors and officers’ and corporate legal liability

Please provide confirmation that you and all of your subsidiaries:

- a. are a UK registered limited company; Yes No
- b. are **not** listed on any stock exchange; Yes No
- c. are **not**:
 - i. a firm offering professional legal advice; or
 - ii. a firm directly regulated by the Financial Conduct Authority or Prudential Regulation Authority; or
 - iii. a recruitment consultant or staffing agency. Yes No
- d. have been trading for at least two years; Yes No
- e. have not made a loss in the last 12 months or do not expect to make a loss in the next 12 months; Yes No
- f. Have declared a positive net worth in your latest annual accounts; Yes No
- g. have not had your accountants qualify their opinion in your latest annual accounts; Yes No
- h. have no assets in or turnover from the USA? Yes No
- i. have reviewed your health and safety policies and procedures in the last 12 months; Yes No
- j. segregate duties so that at least dual control exists on signing cheques, issuing instructions for disbursement of assets or funds, fund transfer procedures or investments for amounts in excess of £2,500. Yes No

7.2 Indemnity limit

Please tick the limit of indemnity required for management liability:

£100,000 £250,000 £500,000 £1,000,000 Other: £

7.3 Employment practices liability

Employment practices liability can only be taken with directors and officers’ liability and corporate legal liability, it cannot be taken standalone.

Please confirm that you and all of your subsidiaries:

- a. have not made any redundancies in the last 12 months; Yes No
- b. do not anticipate any redundancies in the next 12 months; Yes No
- c. have written employment and grievance policies which are communicated to all new and existing employees; Yes No
- d. review and gain approval from external legal or human resources advisers prior to any disciplinary action or employee contract terminations? Yes No

If you have answered **No** to any of the above, please provide full details below (please attach additional sheet if necessary):

7.4 Indemnity limit

Please tick the limit of indemnity required for management liability:

£100,000 £250,000 £500,000 £1,000,000 Other: £

Section 8 - Claims

You must complete this section. Please complete the claims questions for any risk now to be insured.

8.1 General

In relation to your professional business activities, are you after reasonable enquiry aware of:

- a. any matter which may lead to a claim against you.

This includes:

- i. a shortcoming or problem in your work known to you which you cannot reasonably put right; Yes No
- ii. a complaint about your work or anything you have supplied which cannot be immediately resolved; Yes No
- iii. an escalating level of complaint on a particular project; Yes No
- iv. a client withholding payment due to you after any complaint. Yes No
- b. any loss from the dishonesty or malice of any employee or self-employed freelancer. Yes No
- c. any loss from the suspected dishonesty or malice of any employee or self-employed freelancer. Yes No
- d. any matter which may give rise to a claim against your predecessors in business or any past director, officer, board member, senior manager or employee. Yes No

If you answered **Yes** to any of the above, please provide full details:

8.2 Your directors

Have you or any of your directors at any time either personally or in any business capacity:

- a. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? Yes No
- b. been a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgment debt? Yes No

If the answer to a. and/or b. above is **Yes**, please give full details on a separate sheet.

8.3 Professional indemnity

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present director, officer, board member, senior manager or employee (whether previously insured or not)? Yes No

8.4 All others covers

In respect of the following insurance covers:

Public and products liability, employers' liability, management liability, internet and email, property - buildings, property - contents, property - business interruption

Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present director, officer, board member, senior manager or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)?

Yes No

If the answer to 7.3. and/or 7.4. is **Yes**, please give full details below:

Date	Details	Amount	Remedial action

Please continue on a separate sheet if necessary.

8.5 Previous insurance

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?

Yes No

If **Yes**, please provide details:

Date	Details

8.6 Material information

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

Is there anything else that you would like to tell us about you or your business? Yes No

8.7 Financial services

Do you require or would like any advice regarding life insurance, critical illness, or pensions?

Yes No

If **Yes**, we will contact you to discuss further

Section 9 - Declaration

You must complete this section.

Please read the declaration carefully and sign at the bottom

9.1 Your information

By signing this proposal form, you consent to Sentio Insurance Brokers Ltd and to the Hiscox group of companies (collectively referred to as Hiscox) using the information we may hold about you or others related to your policy for the purposes of providing insurance and handling claims, if any, and to process sensitive personal information about you or others related to your policy where this is necessary (for example health information or criminal convictions).

This may mean Hiscox has to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, third-party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by Hiscox as set out above. The information provided will be treated in confidence and in compliance with all relevant regulation and legislation.

9.2 Declaration

I/we confirm that the information given in this proposal form is correct, accurate and complete and I have made a fair presentation of the risk.

Name of director/officer/board member/senior manager

Signature of director/officer/board member/senior manager

Date

A copy of this proposal should be retained for your records.

Continuation Sheet