



## Lashologist UK Block Insurance Scheme

	£4,000,000	£6,000,000
<b>Standard Beauty Therapies (including Holistic Therapies)</b>	-	£80.00
<b>Student Case work only (Excluding student case study work for semi permanent make up – please pay rate below)</b>	-	£20.00
<b>Semi Permanent Make Up</b>	£413.00	£464.00
<b>Teaching</b>	This is included in the above options as standard, however, if you are delivering your own qualification, please see therapy sheet attached.	

Premiums include Insurance Premium Tax. DAS Legal Expenses Package, Balen Admin/Doc fee of £0-£15 and Affinity fee of £0-30.

**Important Note:** This policy is for individuals only (including proprietor only limited companies). If you employ or use other Health and Wellbeing Professionals or if you take payment, bookings or advertise for other Health and Wellbeing Professionals, this policy may not be suitable – please contact Balens for guidance.

Please complete and return the no claims declaration sheet to: **Balens Ltd, Bridge House, Portland Road, Malvern, WR14 2TA.**  
**Tel – 01684 580771, email – info@balens.co.uk**

### NO CLAIMS DECLARATION

**I HEREBY DECLARE AND WARRANT** that I have never been convicted of any criminal offence, other than motoring offences, or offences that are spent under the Rehabilitation of Offenders Act 1974, and there are no 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 ..... 2015/16

Title ..... Surname ..... First name.....

Address.....

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Phone Number ..... Email .....

When would you like the policy to start?.....

Please state the therapy/activity that you require cover for, subject to suitable qualifications held. We can include over 3000 therapies/activities within this policy with many at no additional premium.


**For the purpose of insurance only, Lashologist UK is an Introducer Appointed Representative of Balens Limited who are authorised and regulated by the Financial Conduct Authority.**

