

Your Healthcare Portfolio Renewal

Policy Pack
Policy: 01/12/2025

HOWDEN

04/11/2025

The Association of Hypnotherapy & Stress Management.

Policy Reference: PHCP01236425

Serehai
Blakes Hill
North Littleton
Worcs
WR11 8QN

Dear Mr Evison,

Professional Civil Liability - Confirmation of Cover

We are delighted you have asked Howden to renew your Insurance and as requested cover has been arranged from 01/12/2025.

We advise you to examine all insurance documents we are sending you with this letter carefully to ensure they meet your requirements. If you believe they are incorrect please advise us immediately.

Important Documents now enclosed:

- **Statement of Fact and Schedule** - This shows your risk specific information, the cover options you have selected and any additional conditions or limitations that are specific to your policy.
- **Important Terms and Provisions**
- **Policy Wording**
- **Evidence of Insurance**

What You Need to Advise Insurers

Please remember that you owe a duty to make a fair presentation of the risk to the insurer. You have a duty to disclose to the insurer every material circumstance which you know or ought to know after a reasonable search or which is sufficient to put the insurer on notice that it needs to make further enquiries for the purpose of revealing those material circumstances. In addition, you have a duty to disclose information in a clear and accessible manner.

Failure to disclose a material circumstance may entitle an insurer to:

- in some circumstances, avoid the policy from inception meaning any claims under the policy would not be paid
- impose different terms on your cover; and/or
- reduce the amount of any claim payable.

This duty applies before your cover is placed, when it is renewed, and at any time that it is varied.

As this is a 'Claims Made' policy, it is essential that any claims or circumstances that might give rise to a claim are notified during the policy period in accordance with the terms of the policy wording, otherwise the right to indemnity under this insurance will be forfeited.

What to do if you have a complaint

If you wish to make a complaint you may do so by contacting any member of our staff by whatever means is convenient to you. If you cannot settle your complaint with us to your satisfaction, you may be entitled to refer it to the Financial Ombudsman Service (FOS). The FOS can be contacted by accessing the website www.financial-ombudsman.org.uk or telephoning 0800 0234567 or 0300 1239123

How to make a claim

If any incident occurs which could result in a claim, **you** must notify Beazley as soon as possible:

Telephone: +44 (0) 207 674 7397

Email: claims.europe@beazley.com

Please refer to the Claims Condition section of your policy wording for full details of the claims procedure and conditions.

Cancellations

You may cancel your policy at any time by contacting us on:

Telephone: 01924 241945

Email: enquiries@howdengroup.com

No refund of premium is allowed if either:

- this insurance is cancelled after notification of any claim under this policy; or
- the amount of pro-rata refund is less than £10.00.

We will retain our administration fee.

Yours sincerely

Howden Health & Care

Important Provisions within the Policy Wording

Important terms within your policy cover

You should read all of your insurance documents to make sure you fully understand the terms being offered. However, we have highlighted terms in your policy which we consider to be significant and have explained what happens if you cannot fulfil these requirements.

Our aim is to ensure that you fully understand your responsibilities under your insurance policy, thereby reducing the possibility of a claim being turned down by insurers on the grounds that you have not followed the conditions set out in your policy schedule.

If any of these terms is unacceptable, or if you feel that you do not properly understand any terms or explanation we have provided, please do not hesitate to contact us. This will give us the opportunity to discuss it further with you and, if possible, to seek a solution with your proposed insurers.

What are important terms?

Warranties

Warranties are important clauses contained in the policy and must be exactly complied with by you at all times. Breach of a warranty may suspend (halt cover) your insurance policy. Insurers may have no liability to pay losses occurring or attributable to something happening during any such period of suspension. The period of suspension will continue until the breach has been resolved (if it is capable of being resolved). A warranty may exist in the policy using other terminology and without reference to the word 'warranty'.

Conditions Precedent

Conditions Precedent are requirements which are usually placed on the policyholder to fulfil. Not meeting those requirements may mean either that the insurer can't cover you, or that the insurer will refuse to pay in the event of a claim.

Subjectivities

Subjectivities are conditional requirements that you are expected to comply with by a certain date to receive full insurance coverage. Failure to comply with any subjectivities required by your insurer(s) may result in cover not being in place.

Exclusions

An exclusion is something which the insurer has specifically identified and not covered under the policy.

If you are unsure or are unable to comply with any important terms, please contact us immediately.

Please be aware that if you do not follow these important conditions within a specified time period insurers may suspend your cover or the insurance may become invalid. Insurers might also reduce the amount you can claim for.

Warranties applicable to the policy

We would like to draw your particular attention to the following warranties which are contained within the policy document.

None, other than as may exist in the policy wording.

Conditions Precedent applicable to the policy

We would like to draw your particular attention to the following conditions precedent which are contained within the policy document.

None, other than as may exist in the policy wording.

As this is a 'Claims Made' policy, it is essential that any claims or circumstances that might give rise to a claim are notified during the policy period in accordance with the terms of the policy wording, otherwise the right to indemnity under this insurance will be forfeited.

We draw your attention to certain important terms that apply to this quotation:

Provision	Description
Recovery of Costs	Insurers must give their prior written consent to costs being incurred if these are to be recoverable under the different sections of the policy.
Prompt Notification	In order to be covered under the cover extensions of the policy, you must comply with the requirement to notify to insurers within 30 days of the event.
Claims Conditions	<p>It is essential that you comply with all the claims conditions, otherwise insurers will not accept your claim, including the requirements to:</p> <ul style="list-style-type: none">• notify insurers as soon as practicable and during the policy period, or within 30 days after the policy expires, after you first become aware of any claim made against you or any circumstance which might reasonably be expected to produce a claim against you whether or not you believe such a claim would be valid;• not to admit liability for or settle any claim, make any admission, offer or payment or assume any obligation in connection with any claim, or incur any costs in connection with any claim without the insurers written consent.
Alteration of Risk	Insurers may not cover you for any claim if you do not notify the insurers in writing as soon as practicable of any material alteration to the risk during the policy period, including any material change in the nature of the Professional Services.

If you are unsure or are unable to comply with any Important Terms, please contact us immediately.

Please note, failure to comply with, or failure to comply within a specified time period in relation to certain important conditions applicable to this indication/quotation may invalidate this insurance or reduce the amount recoverable under this insurance.

IMPORTANT

The information you have provided is reflected in this Statement of Fact. It is important that you check the details carefully and tell us immediately if there are any discrepancies. The insurers reserve the right to vary the terms of the insurance in the light of any discrepancies.

Statement of Fact and Schedule**Your details**

Customer Reference:	000000017529
Professional Association Name:	The Association of Hypnotherapy & Stress Management.
Contact Name:	Alex Evison
Correspondence Address:	Serehai
	Blakes Hill
	North Littleton
	Worcs
	WR11 8QN
Telephone:	07958320411
Mobile:	07958320411
Email Address:	secretary@ahsm.org.uk
Gross Annual Turnover:	£50,000
Maximum % of Turnover Derived from Product Sales:	25%
Maximum % of UK Turnover:	100%
Maximum % USA/Canada Turnover:	Nil
Maximum % of Europe (excl UK and Republic of Ireland) and rest of the World Turnover:	Nil

Membership Details

You are a member of:	None
----------------------	------

The Cover

This policy covers Civil Liability arising from your Professional Services comprising:	Professional Association (including, where appropriate, training, supervision, referral service, complaints handling)
Including where applicable the provision of:	Supervision and training in the above.
Start Date of Cover:	01/12/2025
Expiry Date of Cover:	30/11/2026

Section 1 – Professional Civil Liability

Indemnity Limit:	£1,500,000
Public Liability Limit:	£10,000,000

As this is a 'Claims Made' section, it is essential that any claims or circumstances that might give rise to a claim are notified during the policy period, or within 30 days of the expiry of the policy, in accordance with the terms of the policy wording, otherwise the right to indemnity under this insurance will be forfeited.

Section 2 – Employers' Liability

Liability Limit:	Not Insured
------------------	-------------

This is a claims occurring section. Except as otherwise provided herein, this section covers only claims first made by You during the Certificate Period. All words in italics within the certificate or this schedule shall have the meaning given to them in the section 7 of the wording entitled "Definitions".

DECLARATION

You have confirmed that the following statements are true:

- You have told us that you **do not** work in USA/Canada.
- You have **not** had any insurance policy avoided or cancelled.
- There have been **no** liability claims or formal complaints made against you in the last 5 years.
- You are **not** aware of any circumstances which may give rise to a claim against you.
- You are usually resident in the UK, Channel Islands, Isle of Man or Gibraltar.
- Your principle place of business is in the UK, Channel Islands, Isle of Man or Gibraltar.
- You **are** appropriately qualified to practice each of the Professional Services listed (or on an approved training course leading to a recognised relevant qualification).
- Your directors, partners or other board members have never been:
 - a) disqualified from acting as a director of a limited company or member of a liability partnership; or
 - b) Convicted or charged with a criminal offence, other than a conviction spent under the Rehabilitation of Offenders At 1974
- Your directors, partners or other board members or other entities for which such persons act or acted as board members, have not been the subject of any insolvency process.
- You have confirmed that the following statements are true in respect of Professional Civil Liability Insurance.