

Working in association with



Proposal form for cancer care massage medical malpractice insurance  
for businesses, individuals and training providers

1. Full name

2. Business name & address

3. Occupation

4. Date business established

5. Email address

6. Contact number

7. Are you qualified to teach courses approved by the Amethyst Trust?  Yes  No

7b. Please confirm you/all of your applicants listed below\*, have successfully completed the approved course 'Specialist Cancer Massage' by the Amethyst Trust. (\*Delete as appropriate)

7c. Please confirm that for all clients who present with a history of cancer you will be using the Amethyst Trust Record Card and giving those clients the tear off Homecare Guide provided

8. If you are a member of a Professional Association please enter Association Name/s:

9. Please provide a copy of your Massage Qualification (NB. minimum acceptance criteria is Level 3 or equivalent).

10. Please list the names of the therapists that you wish to cover (any more please add on a separate piece of paper):

Name of therapist

Copy of Massage qualification cert enclosed

Copy of Amethyst Cert enclosed

**11. Please give details of your estimated annual gross income / fees in respect of cancer massage:**

- a.  £0-£1000
- b.  £1000-£10,000
- c.  £10,000-£50,000
- d.  £50,000-£100,000
- e.  £100,000+ please specify £ \_\_\_\_\_

**12. Please provide total estimated number of cancer massage patients treated per annum**

- a.  1-25
- b.  25-50
- c.  50-100
- d.  250-500
- e.  500+

**13. Estimate the % of patient referrals from:**

a. GP's / Consultants: \_\_\_\_\_ b. Self referral: \_\_\_\_\_ c. Other - please specify: \_\_\_\_\_

The insurance costs £80 for the first therapist and £55.00 for each therapist thereafter.

This includes Insurance Premium Tax (IPT) at a rate of 10% and an initial administration fee of £25.

If you would like to insure for more than 10 therapists please call our specialist insurance brokers John Morgan Partnership (JMP) directly on 01242 898387.

**14. Number of therapists to be insured** \_\_\_\_\_

**15. Total amount to pay** \_\_\_\_\_  **Please tick if payment enclosed.**

**Insurance Declarations**

1. Has any insurance company ever cancelled, declined, refused to renew or accept or applied special terms to any professional insurance? Y/N
2. Have any claims for Malpractice or Negligence ever been made against you or are aware of any circumstance which might result in such a claim being made against yourselves? Y/N
3. Do you have any convictions that are not spent under the Rehabilitation of Offenders Act? Y/N
4. Have you had any professional membership terminated for any disciplinary or professional matter by any therapy professional body or association? Y/N
5. If the answer is yes to any of the above questions, please provide full details on an additional sheet, including quantum where applicable.

I / We hereby declare that the above statements and particulars are true and that I / we have not suppressed or miss-stated any material facts and I / we agree that this Proposal Form shall be the basis of the contract with the Underwriters.

Name of the applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Official Position: \_\_\_\_\_

Dated: \_\_\_\_\_

This Proposal Form, duly completed, together with any supplementary information, must be signed and returned. However, signature of the form does not bind the Proposer or the Underwriters to complete the insurance.

**Please complete this form and either: scan and email to amethystinsurance@johngroup.co.uk, post to Amethyst Trust Insurance, c/o JMP, 12 Imperial Square, Cheltenham, Gloucestershire GL50 1QB or we can complete the application form over the phone with you; please call 01242 898387.**

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