



Membership Renewal Form 2012 - 2013

IPTI PO Box 106 Retford DN22 1WN Tel: 01777 700383 Fax: 01777 869429 E.mail: enquiries@IPTIuk.com

Name Membership Number
 Address
 Post Code
 Telephone (Home) Email

SECTION 1 - MEMBERSHIP OPTIONS

Membership including Liability Insurance for any treatment or therapy on lists 1, 2 & 3

STANDARD COVER = £1 Million Indemnity £98.00

Comprising insurance premium £27.00 and Insurance Premium Tax £1.62

£

Optional Extension 1 - £5m Indemnity (For Public liability Only) - Insurance Premium £11.00, & IPT £0.66 £16.00

£

Membership including Liability Insurance for any treatment or therapy on lists 1, 2 & 3

ENHANCED COVER = £2 Million Indemnity £106.00

Comprising insurance premium £33.00 and Insurance Premium Tax £1.98

£

Optional Extension 1 - £5m Indemnity (For Public liability Only) - Insurance Premium £5.00, & IPT £0.30 £10.00

£

IPTI MEMBERSHIP WITHOUT INSURANCE COVER £40.00

£

List 4 - Optional Insurance Cover (Please call IPTI office for premiums)

Extended cover for specialist treatments on list 4 may be added to the insurance, on payment of the appropriate supplementary premium, if required please enter treatments and the premium from the approved treatments list available to download from www.iptiuk.com/join.html

NOTE: The level of indemnity will be the same as that chosen above.

Treatment from List 4 Indemnity Premium £

£

SECTION 2 - ALL RISKS COVER FOR EQUIPMENT & PRODUCTS

EQUIPMENT & PRODUCTS RISK COVER Limit of Liability £750.00, Premium = £50.00

Insurance Premium £38.78 Insurance Premium Tax £2.33

£

EQUIPMENT & PRODUCTS RISK COVER Limit of Liability £1000.00, Premium = £65.00

Insurance Premium £51.70 Insurance Premium Tax £3.10

£

EQUIPMENT & PRODUCTS RISK COVER Limit of Liability £1500.00, Premium = £93.00

Insurance Premium £77.55 Insurance Premium Tax £4.65

£

PLEASE DECLARE ANY SINGLE ITEM(S) VALUED AT OVER £500.00 - USE RELEVANT BOX ON SIDE 2 OF THIS FORM TO IDENTIFY ITEM(S)

SECTION 3 - OPTIONAL INSURANCE FOR TEACHING

TEACHING = £10.00

If you are an individual practitioner / tutor and you teach Courses or Workshops insurance cover can be included for an administration fee of £10.00 - Details must be sent of the therapy taught and a copy of your Teaching Qualification

£

INSURANCE COVER IS UNDERWRITTEN BY NOVAE UNDERWRITING LIMITED UNDERWRITING FOR CERTAIN UNDERWRITERS AT LLOYD'S
 This insurance is arranged in association with DSC Insurance Services, DSC Insurance Services is a trading style of DSC-Strand Ltd which is authorised and regulated by the Financial Services Authority with FSA reference number 310238

TOTAL FROM SECTIONS 1, 2 & 3

£

ACCOUNT CREDIT / DEBIT Please add or deduct this amount as appropriate

+/- £

FAMILY DISCOUNT (If applicable please enter £6.00 and deduct from total)

- £

PAYMENT BY CREDIT CARD (Please add £2.00)

ENTER CARD NUMBER _____ / _____ / _____ / _____

CCV No _____ Expiry Date _____

- £

TOTAL AMOUNT PAYABLE Please make cheques payable to I.P.T.I.

£

NOTE: SIDE 2 OF THIS FORM MUST BE COMPLETED

NOTE: ALL MEMBERS MUST SIGN THE DECLARATION AT THE BOTTOM OF SIDE 2 IN ORDER TO RENEW INSURANCE COVER

VAT No. 593 3728 08

ALL INSURANCE EXPIRES ON 28TH FEBRUARY 2013

Renew-12/13

IPTI is authorised and regulated by the Financial Services Authority - Authorised Firm - No 312694

I.P.T.I MEMBERSHIP RENEWAL 2012-2013 - SIDE 2

YOUR THERAPY INSURANCE WILL BE RENEWED FOR THE TREATMENTS AND THERAPIES LISTED ON YOUR CERTIFICATE OF INSURANCE, AS ISSUED BY IPTI IN 2011/2012

IF YOU REQUIRE ADDITIONAL THERAPIES TO BE ADDED TO YOUR INSURANCE COVER PLEASE LIST YOUR NEW QUALIFICATION BELOW

QUALIFICATION	AWARDING BODY	DATE

(Please enclose a photocopy of the Diploma to validate the Registration of Training)

AS REQUIRED IN SECTION 2: ALL RISKS COVER
DESCRIPTION OF ANY SINGLE ITEM(S) OF EQUIPMENT VALUED AT OVER £500.00

VALUE £	DESCRIPTION

INSURANCE COVER ABROAD

Members can be covered abroad (Except U.S.A. and Canada) for up-to 30 days in a year without incurring any extra premiums.
Notification of any travel dates must be sent to the IPTI office in writing (Email).
As with the previous policy any claims arising from the working abroad will be dealt with under U.K. law.

DECLARATION MUST BE SIGNED BY ALL APPLICANTS

I declare that there have been no claims made against me in relation to my professional work, nor am I aware of any circumstances that could give rise to such claim or claims.

Signature Date

In completing this proposal you must disclose all material facts i.e. those which an insurer would regard as likely to influence the assessment or acceptance of the risk, failure to do so could invalidate the insurance. If you are in any doubt as to what facts are material, you should, for your own protection disclose them.
I also declare that to the best of my knowledge and belief the information given on this form is true in every respect.

IF YOU NO LONGER REQUIRE YOUR NAME TO BE ON OUR PRACTITIONERS REGISTER

PLEASE PUT A CROSS IN THE BOX