



***ALLIANCE OF HEALING ASSOCIATIONS  
REMITTANCE SLIP AND DECLARATION***

**IMPORTANT NOTES:**

**NO CLAIMS DECLARATION**

Please circle the answers to the questions below

1. Have you under current or previous trading titles been convicted of any criminal offence, other than motoring, or are there any prosecutions pending?

YES / NO

2. Has any insurer ever cancelled, declined or refused to renew, or accepted the risk at special terms? If yes please give details.

YES / NO

2. Have you had any claims, or circumstances, which could give rise to a claim under the policy involving negligence, error or omission, or are you aware of any circumstances which may result in a claim or suit being made against you?

YES / NO

If the answer is yes to any of the above questions, please do not sign the declaration, but send us information on a separate sheet of paper giving full details.

2. I can confirm that I have read, understood and agree to accept the Balens Terms of Business letter attached.

YES / NO

I confirm that the answers above are true and that I have not withheld any material fact\*. I am aware of no claims, suits or any circumstances which could reasonably lead to a claim being made, or action initiated against me.

Signed ..... Dated .....

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

Address .....

Phone Number ..... e mail .....

\* This means that you should answer the above questions in full and 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. A specimen policy wording is available on request at all times.