

Contents Insurance Proposal Form

Please complete in BLOCK CAPITALS and return to Unity Insurance Services

Name of Group _____

District Scout Council _____

Scout County _____

The majority of Contents and Equipment can be covered at a full replacement cost. Sums insured must be adequate to meet the new replacement cost. Please refer to the Contents booklet regarding restrictions on replacement costs

Names, address and construction of where contents/equipment will be stored

(Only required if you intend to insure any part of your equipment under the Contents/Equipment section)

BUILDING 1 include postcode where available

Walls _____ Roof _____

BUILDING 2 include postcode where available

Walls _____ Roof _____

BUILDING 3 include postcode where available

Walls _____ Roof _____

Value of Contents to be insured under Contents/Equipment

BUILDING 1 £ _____ **BUILDING 2** £ _____ **BUILDING 3** £ _____

Value of Contents/Equipment to be insured in All Risks

For use by you and other Scouts or Guides only £ _____

For use by Scouts/Guides and to be loaned or hired to non Scouts/Guides £ _____

Specialised Equipment and/or electrical (TV, video, computer, photographic) £ _____

Laptops £ _____

TOTAL £ _____

DO NOT INSURE THE SAME ITEMS UNDER CONTENTS/EQUIPMENT AND ALL RISKS AS THIS IS AN UNNECESSARY AND EXPENSIVE DUPLICATION OF COVER.

The total insured under Contents/Equipment and All Risks should represent the total value of all contents/equipment for which you are responsible.

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You are required to declare any items valued in excess of £1000:

Contents/Equipment

Item _____ Value £ _____

Item _____ Value £ _____

Item _____ Value £ _____

All Risks

Item _____ Value £ _____

Item _____ Value £ _____

Item _____ Value £ _____

Have any losses occurred? Yes No

Has any insurer declined to insure or renew insurance on the property, quoted special terms and conditions or sought to impose an increase in premium? Yes No

If you have answered Yes to any of the above, please give details:

Flood

Have there been any incidents of flood at the premises or in the immediate neighbourhood? Yes No

Are your premises at risk of flood? Yes No

If you have answered Yes to any of the above, please give details:

Is the equipment to be housed in a building which is not owned by, nor the responsibility of the Unit? Yes No

If yes, please give details of security, ie: is it in a locked room or cupboard?

Intruder Alarm System

NACOSS approved with telephone link Yes No

NACOSS approved with audible bell only Yes No

Non-approved with audible bell only Yes No

If yes, what make is it? _____

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PERSONAL EFFECTS COVER

Annual Cover (this will be included unless you specify otherwise)

Premium £30

No cover required

Short Period Cover

Yes No From ____/____/____ To ____/____/____

MONEY COVER

Annual Cover (this will be included for £700 unless you specify otherwise)

Premium £10

No cover required

Cover limited in total and any one loss to **£1000** Premium £13.50

Cover limited in total and any one loss to **£1500** Premium £20.00

Cover limited in total and any one loss to **£3000** Premium £27.00

Short Period Cover - Camping UK up to one month

Cover limited in total and any one loss to **£500** Premium £8.00

Cover limited in total and any one loss to **£1000** Premium £12.00

Short Period Cover - Camping Europe up to one month

Cover limited in total and any one loss to **£500** Premium £12.00

Cover limited in total and any one loss to **£1000** Premium £16.00

Cover limited in total and any one loss to **£1500** Premium £20.00

Short Period Events (Fundraising etc) - UK up to 4 days

Cover limited in total and any one loss to **£500** Premium £10.00

Cover limited in total and any one loss to **£1000** Premium £15.00

Cover limited in total and any one loss to **£2500** Premium £25.00

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DECLARATION

I require insurance to be effected in accordance with the particulars shown on this form and confirm there is a full compliance with the "Protection Conditions" and/or the recommendations of the Local Crime Prevention Officer.

Tick to confirm

Date from which cover is required _____ (this cover can be renewed annually)

Signature _____ Date _____

Name of Applicant _____

Scout Appointment _____

Applicants Address _____

_____ Postcode _____

Daytime contact number _____ Mobile number _____

E-mail address _____

Please send to: **Unity Insurance Services**, Lancing Business Park, Lancing, West Sussex, BN15 8UG.
Tel: 0845 0945 703 Fax: 01903 751044

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Lancing Business Park, Lancing, West Sussex BN15 8UG.

Tel: 0845 0945 703 Fax: 01903 751044 E-mail: scouts@unityins.co.uk www.scoutinsurance.co.uk

Registered Office: The Scout Association, Gilwell Park, Chingford E4 7QW.

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Authorised and regulated by the Financial Services Authority.