Personal Accident and Medical Expenses Insurance Proposal Form

Please complete in BLOCK CAPITALS and return to Unity Insurance Services

EXTENSION FOR HELPERS/SUPPORTERS

Annual Cover expires on the 30th November each year due to the fixed expiry date of the Contract Policy held by headquarters

Name of Group _____

District Scout Council _____

Scout County _____

Name and address of Group contact _____

_____

_____

Option 1: cover commencing on/after 1st December

Number of insured _____ @ £1.50 per person _____ = £ _____

Option 2: cover commencing on/after 1st June

Number of insured _____ @ £1.30 per person _____ = £ _____

Option 3: cover commencing on/after 1st September

Number of insured _____ @ £1.20 per person _____ = £ _____

Option 4: cover for up to 14 days duration

Number of insured _____ @ £1.10 per person _____ = £ _____

Dates: from _____ to _____

Total premium due subject to a minimum of 25 persons £ _____

Plus insurance Premium Tax at 5% where applicable £ _____

Gross Total £ _____

I attach a cheque for the premium payable to "Unity Insurance Services".

I confirm that, before signing and returning this application, I have read and understood the important terms and conditions of this cover, sent to me with this form.

Signed _____ Date: _____

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