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 _____

_____

_____

_____ Postcode _____

E-mail _____

Daytime telephone number _____

Premium

Number of insured _____

@ £1.50 per person = £ _____

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

Plus insurance Premium Tax at 5% where applicable £ _____

Gross Total £ _____

Premium due is for full or partial year of insurance cover

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 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