

Short Period Cover Proposal Form

Please complete in BLOCK CAPITALS and return to Unity Insurance Services

Name of Group _____

District Scout Council _____

Scout County _____

Cover required: **from** ____ / ____ / ____ **to** ____ / ____ / ____

TOTAL VALUE OF EQUIPMENT TO BE INSURED WITH BRIEF DESCRIPTION OF GENERAL EQUIPMENT AND DESCRIPTION OF "SPECIALISED" ITEMS WITH THEIR INDIVIDUAL VALUES.

General Equipment

Total value £ _____

Specialised Equipment

Total value £ _____

Details of security _____

Name and address of owners of equipment (if borrowed or hired) _____

Where will the equipment be used and for what purpose? _____

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