

# Trailers Insurance Proposal Form

Please complete in BLOCK CAPITALS and return to Unity Insurance Services

Name of Group \_\_\_\_\_

District Scout Council \_\_\_\_\_

Scout County \_\_\_\_\_

Number of trailers owned \_\_\_\_\_

Cover required Annual  Short Term  From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

**Make, type and value(s) of trailers:**

\_\_\_\_\_ Value £ \_\_\_\_\_

\_\_\_\_\_ Value £ \_\_\_\_\_

\_\_\_\_\_ Value £ \_\_\_\_\_

\_\_\_\_\_ Value £ \_\_\_\_\_

\_\_\_\_\_ Value £ \_\_\_\_\_

Do you insure buildings or contents/equipment with us? Yes  No

**DECLARATION**

It is warranted that:

1. Trailer(s) are stored in a lock-fast building or
2. Stored at a private dwelling or
3. Padlocked to a secure picket within a secure perimeter when left unattended other than when used for camping purposes or
4. Otherwise immobilised by a recognised form of trailer security

**I agree**

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 \_\_\_\_\_