

CONTENTS/EQUIPMENT, ALL RISKS, PERSONAL EFFECTS, MONEY INSURANCE PROPOSAL FORM

PLEASE COMPLETE IN BLOCK CAPITALS AND
RETURN TO UNITY INSURANCE SERVICES

Name of Unit, District, other _____

Guide 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 Cover section of the 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	Address (including postcode if possible) _____ _____
Walls (construction) _____	Roof (construction) _____

BUILDING 2	Address (including postcode if possible) _____ _____
Walls (construction) _____	Roof (construction) _____

BUILDING 3	Address (including postcode if possible) _____ _____
Walls (construction) _____	Roof (construction) _____

VALUE OF CONTENTS TO BE INSURED UNDER CONTENTS/EQUIPMENT

BUILDING 1	£ _____	BUILDING 2	£ _____	BUILDING 3	£ _____
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VALUE OF CONTENTS/EQUIPMENT TO BE INSURED IN ALL RISKS

For use by you and other Girlguides or Scouts only	£ _____
For use by Girlguides/Scouts and to be loaned or hired to non Girlguides/Scouts	£ _____
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.

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? _____

PERSONAL EFFECTS COVER

ANNUAL COVER (this will be included unless you specify otherwise) Premium £30

No cover required

Please specify the number of people to be covered _____

SHORT PERIOD COVER

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

Please specify the number of people to be covered _____

Up to one month £1.00 per person. Periods above one month to be at a rate agreed by the Underwriters.

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 <input type="checkbox"/>
Cover limited in total and any one loss to £1500	Premium £20.00 <input type="checkbox"/>
Cover limited in total and any one loss to £3000	Premium £27.00 <input type="checkbox"/>

SHORT PERIOD COVER - Camping UK up to one month

Cover limited in total and any one loss to £500	Premium £8.00 <input type="checkbox"/>
Cover limited in total and any one loss to £1000	Premium £12.00 <input type="checkbox"/>

SHORT PERIOD COVER - Camping Europe up to one month

Cover limited in total and any one loss to £500	Premium £12.00 <input type="checkbox"/>
Cover limited in total and any one loss to £1000	Premium £16.00 <input type="checkbox"/>
Cover limited in total and any one loss to £1500	Premium £20.00 <input type="checkbox"/>

SHORT PERIOD EVENTS (Fundraising etc) - UK up to 4 days

Cover limited in total and any one loss to £500	Premium £10.00 <input type="checkbox"/>
Cover limited in total and any one loss to £1000	Premium £15.00 <input type="checkbox"/>
Cover limited in total and any one loss to £2500	Premium £25.00 <input type="checkbox"/>

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" contained in the booklet and/or the recommendations of the Local Crime Prevention Officer. I/We agree that this proposal and declaration and any particulars given separately shall form the basis of the contract.

Tick to confirm

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

Signature of first contact _____ Date _____

Name of first contact _____ Name of second contact _____

Guide Appointment _____ Guide Appointment _____

Applicants Address _____ Applicants Address _____

Postcode _____ Postcode _____

Daytime number _____ Daytime number _____

Mobile number _____ Mobile number _____

E-mail address _____ E-mail address _____