Unity insurance services

DEPOT / SHOP - STOCK, CONTENTS, EQUIPMENT AND MONEY INSURANCE PROPOSAL FORM

Girlguiding UK girls in the lead

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO UNITY INSURANCE SERVICES

Name of Unit, District, other _____

Guide County _____

NAMES, ADDRESS AND CONSTRUCTION OF THE BUILDING(S) WHERE YOUR STOCK, CONTENTS AND EQUIPMENT WILL BE STORED

LOCATION/DEPOT 1 e.g. your home

Address _____

_____ Postcode _____

Walls (construction) _____ Roof (construction) _____

Is the location a shop, private dwelling house, Girlguiding building or other? _____

If 'other' please give details: _____

_____

LOCATION/DEPOT 2 e.g. from where you sell (if different to above)

Address _____

_____ Postcode _____

Walls (construction) _____ Roof (construction) _____

Is the location a shop, private dwelling house, Girlguiding building or other? _____

If 'other' please give details: _____

_____

VALUE OF STOCK, CONTENTS AND EQUIPMENT TO BE INSURED	LOCATION/DEPOT 1	LOCATION/DEPOT 2
Displays, furniture, fixtures, fittings, tills, credit card machines and telephone installations	£	£
Specialised electrical equipment (TV, video, DVD, computer, laptop, photographic etc)	£	£
Stock of clothing, badges and tents	£	£
All other Stock	£	£
Total Value of Stock, Contents and Equipment	**£**	**£**

Values declared must be adequate to meet the new replacement cost - N.B. in respect of Stock this means the replacement cost to the Depot and not the retail selling price.

Are wines, beers or spirits being sold? Yes ❑ No ❑

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YOU ARE REQUIRED TO DECLARE ANY ITEMS VALUED IN EXCESS OF £1,000:

STOCK, CONTENTS AND EQUIPMENT

Item _____ Value £ _____

Item _____ Value £ _____

MONEY COVER

No cover required ❑

	REQUESTED LIMIT ANY ONE LOSS AND IN ALL
1. On the premises during working hours	£ _____
2. On the premises out of working hours	
a) Contained in a securely locked safe or strongroom	£ _____
b) Not contained in a securely locked safe or strongroom (up to £200)	£ _____
3. At any private residence	
a) Contained in a securely locked safe or strongroom	£ _____
b) Not contained in a securely locked safe or strongroom (up to £300)	£ _____
4. In transit (up to £4,000)	£ _____
5. In a Bank night safe	£ _____
6. Total sum to be insured (limited to maximum amount £4,000)	£ _____

YOUR SECURITY

Is the Stock, contents or 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?

_____

_____

_____

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INTRUDER ALARM SYSTEM

	Location/Depot 1	Location/Depot 2
Is an alarm fitted? If 'YES' please answer below	Yes ❑ No ❑	Yes ❑ No ❑
NACOSS/SSAIB approved with telephone link	Yes ❑ No ❑	Yes ❑ No ❑
NACOSS/SSAIB approved with audible bell only	Yes ❑ No ❑	Yes ❑ No ❑
Non-approved with audible bell only	Yes ❑ No ❑	Yes ❑ No ❑

If 'YES', what make is it? _____ _____

Is the alarm under an annual maintenance contract? Yes ❑ No ❑ Yes ❑ No ❑

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 stock stored (or will stock be stored) in any cellar or basement? Yes ❑ No ❑

If yes, is it (and will it be) stored on racks at least 30 centimetres above the floor? Yes ❑ No ❑

PREVIOUS INSURANCE INFORMATION

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:

_____

_____

_____

_____

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DECLARATION

I require insurance to be effected in accordance with the particulars shown on this form and confirm there is and will continue to be throughout the policy period a full compliance with the "Protection Conditions" contained in the booklet and/or the recommendations of the Local Crime Prevention Officer.

I/We declare that the answers and information provided by me whether in this proposal or otherwise are true and I agree that this proposal and declaration and any particulars given separately shall form the basis of the contract.

Tick to confirm ❑

Signature of first contact _____ Date _____

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

Name of first contact _____

Guide Appointment _____

Applicants Address _____

_____

_____

_____

Postcode _____

Daytime number _____

Mobile number _____

E-mail address _____

Name of second contact _____

Guide Appointment _____

Applicants Address _____

_____

_____

_____

Postcode _____

Daytime number _____

Mobile number _____

E-mail address _____

PLEASE SEND TO: Unity Insurance Services, Lancing Business Park, Lancing, West Sussex, BN15 8UG.
Tel: 0845 0945 704 Fax: 01903 751044 E-mail: guiding@unityins.co.uk www.guidinginsurance.co.uk

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