

(WHILST VEHICLE IS USED IN CONNECTION WITH ORGANISED  
GUIDING ACTIVITIES)

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO UNITY INSURANCE SERVICES

Name of Unit, District, other \_\_\_\_\_

Guide County \_\_\_\_\_

State the total number of all the members and helpers who drive their own  
private vehicles on Guiding activities and for whom you wish to provide cover \_\_\_\_\_

**CLAIMS HISTORY**

Have there been any claims made by or against you or any of those declared above  
which may lead to claims in the last 3 years whether insured or not? Yes  No

If "yes" show details below:

\_\_\_\_\_  
\_\_\_\_\_

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

**DECLARATION**

**I/WE DECLARE THAT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF:**

Any statements and particulars, whether written by me/us or by others on my/our behalf, are true and complete.

I/We have not withheld any material fact.

No Insurer has declined my/our proposal, cancelled or refused to renew my/our Policy or increased the premium required special terms or conditions in respect of any of the risks proposed.

Neither I or any principal members of the Unit have been convicted of any criminal offence other than a motoring conviction.

I/we agree that this proposal and declaration and any particulars given separately shall be the basis of the contract between Insurers and myself/ourselves.

I understand that Insurers reserve the right to decline any proposal.

**IMPORTANT**

Material facts are those facts which are likely to influence us in the acceptance or assessment of this proposal and it is essential that you disclose them. If you are in doubt about whether a fact is material, you should disclose it, since failure to do so could invalidate your policy.

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 \_\_\_\_\_

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](mailto:guiding@unityins.co.uk) [www.guidinginsurance.co.uk](http://www.guidinginsurance.co.uk)