

# SHORT PERIOD COVER PROPOSAL FORM

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO UNITY INSURANCE SERVICES

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

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

Cover required: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE GIVE THE VALUES ALONG WITH DESCRIPTIONS OF THE GENERAL EQUIPMENT, AND THEN ANY SPECIALISED ITEMS TO BE INSURED (please refer to the Policy Booklet)**

**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? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS INSURANCE INFORMATION**

Has the equipment been previously insured? Yes  No  Have any losses occurred? Yes  No

If yes, please give details: \_\_\_\_\_  
 \_\_\_\_\_

Has any Insurer: Declined to insure Yes  No  Declined to renew Yes  No

Quoted special terms and conditions Yes  No  Sought to impose an increase in premium? Yes  No

If you have answered yes to any of the above, please give details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## DECLARATION

I/We agree that this proposal and declaration and any particulars given separately shall form the basis of the contract.

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 \_\_\_\_\_