

# TRAILER INSURANCE PROPOSAL FORM

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO  
UNITY INSURANCE SERVICES

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

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

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

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

Make, type and year of manufacture of trailers:

\_\_\_\_\_ Insured value £ \_\_\_\_\_

\_\_\_\_\_ Insured value £ \_\_\_\_\_

\_\_\_\_\_ Insured value £ \_\_\_\_\_

\_\_\_\_\_ Insured value £ \_\_\_\_\_

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

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

## PREVIOUS INSURANCE INFORMATION

Has the trailer 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

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.

Tick to confirm

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 \_\_\_\_\_

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)