

PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN TO
UNITY INSURANCE SERVICES

Name of Unit, District, other _____

Guide County _____

Cover required for period From ____ / ____ / ____ To ____ / ____ / ____

Full duration of the journey should be shown including the days of travel to and from your place of residence.

Destination (please do not leave blank) _____

PLEASE INCLUDE DETAILS OF ALL PERSONS TO BE INSURED OVERLEAF

PRE-EXISTING MEDICAL CONDITIONS

The policy excludes any expenses incurred where a trip is booked or undertaken against the advice of a Medical Practitioner. In addition if anyone travelling has any of the following conditions they will need to submit a medical questionnaire (completed by a qualified Medical Practitioner/Consultant). The medical questionnaire **must** be returned with this form.

- Stroke, heart condition or circulatory disorder
- Cancer of any type
- Any mental nervous, depressive or stress related condition
- A slipped disc, other spinal disorder, diabetes, hernia or rheumatic or arthritic condition
- Any other injury or illness that has required inpatient treatment or investigation in the last two years

Payment Information

	Number of Insured Persons	Price per Person	TOTAL
Under 18			
Over 18			
Rescue Plus			
Total premium enclosed (See Premiums Table on page 4)			£

HOW WOULD YOU LIKE TO PAY YOUR PREMIUM?

Credit or Debit Card Cheque

Please note, if paying by cheque, we cannot issue the Certificate until payment has cleared.
Please allow 5 working days for your cheque to clear.

Cheques covering premiums should be made payable to "Unity Insurance Services".

DECLARATION

I agree to accept the terms and conditions of this insurance. I confirm that the information provided is complete and accurate and any change in circumstance which occurs during the life of the policy will be notified to insurers as soon as reasonably possible. I consent to any information you may have about me being processed by you for the purpose of providing insurance and claims handling, which may necessitate you providing such information to third parties. I agree to pay the total sum indicated above by the indicated method of payment.

Signature _____ Date _____

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

INSURANCE PREMIUMS TABLE

UK		
Period (days)	Under 18's + Full Time Education up to 23	Over 18's to maximum 80
1	£0.85	£1.35
2	£1.25	£2.35
4	£2.25	£4.00
10	£2.40	£4.45
17	£2.90	£5.10
31	£3.50	£5.75
42	£3.85	£6.00

EUROPE AND CHANNEL ISLANDS		
Period (days)	Under 18's + Full Time Education up to 23	Over 18's to maximum 80
1	£1.20	£2.00
2	£3.50	£4.00
4	£6.75	£10.50
10	£7.30	£13.25
17	£8.50	£15.50
31	£10.70	£20.00
42	£12.80	£24.80
Additional weeks	£7.00	£11.50

USA AND CANADA		
Period (days)	Under 18's + Full Time Education up to 23	Over 18's to maximum 80
1	-	-
2	-	-
4	£12.00	£32.00
10	£15.00	£35.00
17	£18.00	£45.00
31	£20.00	£50.00
42	£30.00	£60.00
Additional weeks	£13.50	£33.50

WORLDWIDE		
Period (days)	Under 18's + Full Time Education up to 23	Over 18's to maximum 80
1	-	-
2	-	-
4	£10.80	£28.80
10	£13.50	£31.50
17	£16.20	£40.50
31	£18.00	£45.00
42	£27.00	£54.00
Additional weeks	£12.50	£30.00

Rescue Plus Insurance

£18.50 per person - maximum limit up to 6 weeks. Periods above 6 weeks to be at a rate agreed by Underwriters.

Age limit 80 years. Rates inclusive of IPT.