

Overseas Travel Insurance Proposal Form

Please complete this form in BLOCK CAPITALS and return to the address at the bottom of the page. Cheques, postal orders, etc, covering premiums should be made payable to Unity Insurance Services.

Group Registration Number _____ Destination _____

Application on behalf of: (Name of Group or Unit) _____

Cover required for period From: ____ / ____ / ____ Hour: ____ :

To: ____ / ____ / ____ Hour: ____ :

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

Details of persons to be insured PLEASE INCLUDE DETAILS OF ALL PERSONS TO BE INSURED OVERLEAF

Payment Information

Overseas Travel Insurance Rates

Europe 24 hours £2.00 per person
Europe 48 hours £4.00 per person
Europe 96 hours £9.00 per person

Additional Premium

Rescue Plus £18.50 per person

Basic rates up to 6 weeks

Europe £14.00 per person
(every additional week thereafter) £9.50 per person
Worldwide £34.50 per person
(every additional week thereafter) £18.00 per person

I enclose the total premium of £ _____ @ £ _____ per person for Travel Insurance

I enclose the total premium of £ _____ @ £ _____ per person for Travel Insurance
and Rescue Plus insurance **Total £ _____**

How would you like to pay your premium?

Credit or Debit Card* Cheque Postal Order

* Please fill in the separate credit/debit card payment form if you wish pay by this method

This form has been signed by the District Commissioner as a recognised/approved Scouting activity

Signature _____ Date ____ / ____ / ____

(District Commissioner)

Details of Leader-in-Charge of party

Title (Mr/Mrs/Miss/Ms/Other): _____ Your surname: _____

Forename(s): _____

Address: _____

Postcode: _____

Daytime telephone: _____ E-mail: _____

I agree to accept the terms and conditions of this insurance. I consent to any information you may have about me being processed by you for the purposes 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 cheque, postal order, or credit/debit card payment.

Signature _____ Date: ____ / ____ / ____

(Leader-in-charge)

Please send to: **Unity Insurance Services**, Lancing Business Park, Lancing, West Sussex, BN15 8UG.

Tel: 0845 0945 703 Fax: 01903 751044

