

UK Travel Insurance Proposal Form

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

Group Registration Number _____

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

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

To: ____ / ____ / ____ Hour: ____ :

Destination

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

Name:	Age at time of application
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If there is insufficient space to include details of all persons to be insured, please continue on page 2 of this Application Form

Travel Insurance Rates

Single journey and inclusive of Insurance Premium Tax
Up to 4 days **£2.40** per person Up to 6 weeks **£3.50** per person

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

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 agree to pay the total sum indicated above by cheque or postal order.

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

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

