

Loss of Revenue Proposal Form

Please complete in BLOCK CAPITALS and return to Unity Insurance Services

This endorsement to your cover is only available when buildings and/or contents are also insured through Unity Insurance Services

Name of Group _____

District Scout Council _____

Scout County _____

BUILDING 1

Address (including postcode if possible) _____

BUILDING 2

Address (including postcode if possible) _____

BUILDING 3

Address (including postcode if possible) _____

Date from when cover is required _____ (this cover can be renewed annually)

Annual revenue sum insured _____ Actual turnover for the previous 12 months £ _____

Estimated turnover for the forthcoming 12 months £ _____

Have any losses occurred? Yes No

Has any insurer declined to insure or renew insurance for 'loss of revenue',
quoted special terms and conditions, or sought to impose an increase in premium? Yes No

If you answered yes to either of the above please provide details:

Signature _____ Date _____

Name of Applicant _____

Scout Appointment _____

Applicants Address _____

_____ Postcode _____

Daytime contact number _____ Mobile number _____

E-mail address _____

Please send to: **Unity Insurance Services**, Lancing Business Park, Lancing, West Sussex, BN15 8UG.
Tel: 0845 0945 703 Fax: 01903 751044