Short Period Minibus Insurance Proposal Form



Please complete this form in BLOCK CAPITALS and return to Unity Insurance Services.

oplicant's Address	
strode	Daytime telephone number
	Baytime telephone namber
	3 days Up to 7 days Up to 14 days Up to 21 days
	— To — :— Hour — : —
eason for temporary cover	
SUMMARY OF COVER	
Fully Community France C2EO A	
Fully Comprehensive, Excess £350 A	Accidental Damage, Fire and Theft
Fully Comprenensive, Excess £350 A	Accidental Damage, Fire and Theft
VEHICLE DETAILS	Accidental Damage, Fire and Theft
VEHICLE DETAILS	
VEHICLE DETAILS	Accidental Damage, Fire and Theft
VEHICLE DETAILS Year of manufacture	
Year of manufacture Number of seats	
VEHICLE DETAILS Year of manufacture Number of seats Make / model	
Year of manufacture Number of seats Make / model Registration number	
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VEHICLE DETAILS Year of manufacture Number of seats Make / model Registration number Value If the value of the vehicle is over £2	
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Short Period Minibus Insurance



Up to 4 named drivers – Must be over the age of 25		
	Date of birth	Date passed driving test
	::	:::
	::	::
	::	
	::	::
ACCIDENTS, CLAIMS AND CONVICTIONS		
Have any of the drivers had any accidents or claims?	Yes No]
If Yes - please give details of the claims		
Have any of the drivers had any convictions?	Yes No	
If Yes - please give details of the convictions		
TAKING THE MINIBUS ABROAD		
Will you be taking the minibus outside the UK?	Yes No	
If Yes - please list the countries you will be driving in		
, , , , , , , , , , , , , , , , , , , ,		
The purpose of your trip		

Please send to: Unity Insurance Services, Suites 10 & 10A The Quadrant, 60 Marlborough Road, Lancing Business Park, Lancing, West Sussex, BN15 8UW or email to scouts@unityins.co.uk.

Tel: 0345 040 7702 Fax: 0345 040 7705