

Please complete Sections A and those parts in Section B that are relevant to the cover you require. Please note all information given is treated in the strictest confidence.

SECTION A - DETAILS OF ORGANISATION

Are you a Unity Trust customer? Yes No

If so, who is your contact at Unity Trust?

Contact Name: Telephone No:

Name of the Organisation: Year Established:

Address to be insured (i.e. the address the organisation uses):

State construction, if not brick/stone with slates/tile roof:

Activities of organisation (please continue overleaf if necessary or enclose some of your literature e.g. leaflet):

Details of any work away from the premises:

Volunteers: Full-time employees: Directors or Trustees: Part-time employees:

Gross annual turnover/income: Total annual payroll estimate:

No Claims in the last 3 years or Last 3 Years claims/loss experience history (continue on a separate sheet if necessary):

Any Other Information (continue on a separate sheet if necessary):

UNITY TRUST (continued)

Please Fax to 0845 508 5935

SECTION B - COVER REQUIRED

CONTENTS

Standard	<input type="checkbox"/>	Standard+AD	<input type="checkbox"/>
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Computer & electronic equipment	£
Stock	£
Tenants Improvements	£
All other contents	£
Total	£

ALL RISKS

Premises:	<input type="checkbox"/>	B. Isles:	<input type="checkbox"/>	Worldwide:	<input type="checkbox"/>
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Specified items (enclose list)	£
Unspecified items (item limit £500)	£
Unspecified items (item limit £1000)	£

MONEY

Transit/working hours limit	£
Safe limit	£

EMPLOYER'S LIABILITY	<input type="checkbox"/>	£10M	<input type="checkbox"/>
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PUBLIC LIABILITY	<input type="checkbox"/>				
£2M	<input type="checkbox"/>	£3M	<input type="checkbox"/>	£5M	<input type="checkbox"/>

PRODUCT LIABILITY	<input type="checkbox"/>				
£2M	<input type="checkbox"/>	£3M	<input type="checkbox"/>	£5M	<input type="checkbox"/>

PROPERTY OWNERS LIABILITY	<input type="checkbox"/>				
£2M	<input type="checkbox"/>	£3M	<input type="checkbox"/>	£5M	<input type="checkbox"/>

PERSONAL ACCIDENT	<input type="checkbox"/>	£10,000 / £100 per week
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BUILDINGS

Standard	<input type="checkbox"/>	Standard+AD	<input type="checkbox"/>
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Main Buildings	£
Outbuildings	£
Portacabins / sheds	£
Total	£

BUSINESS INTERRUPTION

12 months	<input type="checkbox"/>	24 months	<input type="checkbox"/>	36 months	<input type="checkbox"/>
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Extra Expenses	£
Loss of income	£
Gross Profit	£

BOOK DEBTS	<input type="checkbox"/>	£
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FROZEN FOODS	<input type="checkbox"/>	£
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GOODS IN TRANSIT	<input type="checkbox"/>	£
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LEGAL EXPENSES

£100,000	<input type="checkbox"/>
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LOSS OF RENT

12 months	<input type="checkbox"/>	24 months	<input type="checkbox"/>	36 months	<input type="checkbox"/>
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Rent	£
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Please fill in this form electronically, save and email to office@financeredirect.co.uk
 Or return this form by post or fax to:
 Finance ReDirect, 1st Floor, West Wing, Clifton House,
 Goldington Road, Bedford MK40 3NF.
FAX: 0845 508 5935

