



ABBOTT INSURANCE

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Scout Group Quote Request

Group Name	
Current Insurer	
Due Date	
Target Premium	
Abbotts' Contact	

Please complete all questions as fully as possible and return the form to any Abbott Insurance office. This form is available in paper, Adobe PDF or Microsoft Word 97 making it easier to post, fax or email. Please ask for details.

If you would like this form in large print, please call
01383 511442



CONTACT DETAILS

Name	1.	Group Name			
		Contact Name			
		Contact Address			
			Postcode		
	Telephone		Fax		
	E-mail		Web Site	www.	

DEMANDS & NEEDS

2. This Quote Request is fundamental to our research for insurance cover that meets the demands & needs of a property owner who wishes to have insurance cover in place to:

- ✓ protect their assets through property damage or theft

The details in this Quote Request records the information you have supplied to allow us to research insurance companies and insurance products that meet your requirements.

The information recorded in this document has been material in our assessment of

- 1) your eligibility for insurance policies available,
- 2) the terms and conditions applying to the policies being offered or recommended;
- 3) the insurance premium quoted.

Please check this document carefully. If there are any errors or omissions, please contact us immediately. Failure to do so could result in the subsequent insurance policy being invalidated from inception or a claim being repudiated.

Note: All Scout Groups that are members of the Scout Association have liability insurance provided by the Scout Associations "Legal Liability Policy". This provides (among other things) cover for Public, Employers' and Property Owners Liability. The Scout Association publication, "Insurance - An Insomniacs Guide" will provide further details.

INSURANCE DETAILS

Summary	3. Summary of Cover Required	Public Liability	£	Not Required
		Employers Liability	£	Not Required
		Property Owners Liability	£	Not Required
		Buildings	£	
		Contents	£	
		Money	£	
		<i>Please indicate which other covers are required.</i>		
	Vehicle Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Event Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Travel Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>		

SCOUT GROUP DETAILS

History	4.	Date Established:	
		Please describe fully your Group activities	

BUILDINGS & CONTENTS

Location	5.	Address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 40%; height: 20px;" type="text"/> Postcode <input style="width: 20%; height: 20px;" type="text"/>		
		Sum Insured	<input style="width: 100%; height: 20px;" type="text"/>		
		Usage	<input style="width: 100%; height: 20px;" type="text"/>		
Construction		Description	<input style="width: 100%; height: 20px;" type="text"/>		
		Walls	<input style="width: 100%; height: 20px;" type="text"/>		
		Roof	<input style="width: 100%; height: 20px;" type="text"/>		
		Flat roof construction	<input style="width: 100%; height: 20px;" type="text"/>		
		Flat roof percentage	<input style="width: 30%; height: 20px;" type="text"/>	Flat roof age	<input style="width: 30%; height: 20px;" type="text"/>
		Year Built	<input style="width: 100%; height: 20px;" type="text"/>		
		Other details (listed, repaired, flood, subsidence)	<input style="width: 100%; height: 20px;" type="text"/>		
Security		Physical Security	Local Authority CCTV	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			External Locks BS3621 mortice deadlocks	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Key operated windows	Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Other Security	<input style="width: 100%; height: 20px;" type="text"/>	
		Detail of Alarm approvals & maintenance:			
		Signalling	<input style="width: 100%; height: 20px;" type="text"/>		
		Fire Alarms	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Extinguishers	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Sprinklers	Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Smoke Detectors	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Contents		General Contents	£ <input style="width: 100%; height: 20px;" type="text"/>		
		Fixtures & Fittings	£ <input style="width: 100%; height: 20px;" type="text"/>		
		Electronic Contents	£ <input style="width: 100%; height: 20px;" type="text"/>		
		Camping Equipment	£ <input style="width: 100%; height: 20px;" type="text"/>		
		Jurisdiction for All Risks	UK <input type="checkbox"/>	Europe <input type="checkbox"/>	World Wide <input type="checkbox"/>
		Is equipment hired out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
High Risk Equipment			£ <input style="width: 100%; height: 20px;" type="text"/>		
			£ <input style="width: 100%; height: 20px;" type="text"/>		
			£ <input style="width: 100%; height: 20px;" type="text"/>		

CLAIMS HISTORY

Claims History

6. Please give details of all business insurance claims in the past 5 years. Use the additional space below if required.

No.	Date	Amount	Detail
1		£	
2		£	
3		£	
4		£	
5		£	

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MATERIAL INFORMATION

Please note your obligations with respect to material facts. Material facts are those which may affect the insurers assessment of the risk. This duty of disclosure is imposed on policyholders by the legal principle of Utmost Good Faith and clauses in the policy. It arises at inception, renewal and whenever previously disclosed facts change. If you are in doubt as to whether a fact is one that you should disclose, you should declare it to Abbott Insurance regardless.

You should advise us as soon as reasonably practicable of any changes in your circumstances that may affect the services to be provided by Abbott Insurance, or the cover provided under your insurance policy.

DECLARATION

1. I/We declare that

- (a) this quote request form has been completed after proper enquiry;
- (b) its contents are true and accurate
- (c) all matters which may be relevant to the consideration of your needs for insurance have been disclosed.
- (d) the proposer has never
 - i) had insurance refused, renewal declined or special terms applied
 - ii) had any criminal convictions, prosecutions pending or subject to an investigation that may lead to prosecution (other than motoring offences)
 - iii) been declared bankrupt or insolvent or been disqualified from being a company director

2. I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

4. I/We agree that completing this quote request does not bind me/us, the broker or the insurer into entering into a contract of insurance.

Signature of Proposer

Date

A copy of this form should be retained for your records.