

Equipment Insurance – Application Form

How to apply:

Simply fill in this form and post it to:

Blue Badge Mobility Insurance,
No 7 Ridgeway Office Park
Bedford Road, Petersfield, GU32 3QF



Or call us on 01730 233 101 and we'll be happy to help!

Step 1 – Your Equipment Details:

Type of equipment:		
Stairlift (straight) <input type="checkbox"/>	Stairlift (curved) <input type="checkbox"/>	Riser Chair <input type="checkbox"/>
Bathlift <input type="checkbox"/>	Adjustable Bed <input type="checkbox"/>	Hoist <input type="checkbox"/>
Make:*	Model:*	
Value:*	Date Purchased:*	
Year of Make:	Warranty end date: / /	
* Required Information		

Step 2 – Select the cover you require:

1 year Stairlift (curved) Insurance	£181.00	<input type="checkbox"/>
1 year Stairlift (straight) Insurance	£81.00	<input type="checkbox"/>
1 year Riser Chair Insurance	£81.00	<input type="checkbox"/>
1 year Bath Lift Insurance	£71.00	<input type="checkbox"/>
1 year Adjustable Bed Insurance	£81.00	<input type="checkbox"/>
1 Year Hoist Insurance	£71.00	<input type="checkbox"/>
Cover Start Date: / /	(NB no more than 30 days in advance)	

Call our friendly Customer Service Team for support on 01730 233 101

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Step 3 – Your Details:

Title:	Forename(s):	Surname:
Address:		
Postcode:		
Telephone:		
Email:		

Step 4 – Payment Details:

<input type="checkbox"/> Cheque – payable to BBMI	<input type="checkbox"/> Visa / Mastercard / Switch / Delta			
Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Valid from:	Expiry Date	Issue No (Switch)	Security Code (Last 3 digits on signature strip)	
<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	
Cardholders Name:				
Cardholders Signature:				

Declaration:

By signing this declaration you are agreeing to abide by the terms and conditions of this policy, downloadable at www.bluebadgemobilityinsurance.co.uk

I understand that I have 14 days from the receipt of my policy in which to change my mind and cancel the policy and receive a full refund, after which the standard cancellation terms within the policy documentation will apply.

Signature:	Date:	Retailer (if known)
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If you are unable to agree with this declaration, or eligibility criteria, please call Blue Badge Mobility Insurance to discuss. Cover will NOT start until we accept your application. For immediate cover payment can be made by credit/debit card on our website www.bluebadgemobilityinsurance.co.uk or by calling us on 01730 233 101