Application Date: _____

Enrollment Form for Special Risk Accident & Liability Insurance

Non-Sports Camp Application for UT Owned & Operated Camps

DATE: _____

Named Insured: The University of Texas System Board of Regents

1) UT Institution (e.g. UT Austin, UT HSC Houston): The University of Texas Rio Grande Valley

Department (e.g. Athletics, Music): _____

*Account Number to be charged: _____

2) Name of Camp/Clinic: _____

3) Mailing Address: _____

Street City State ZIP

4) Contact Name: _____ E-mail Address: _____

Phone Number: _____ Fax Number: _____

5) Effective Date of Coverage: _____ Expiration Date of Coverage: _____

6) Age range of campers: _____

7) Description of Sport(s)/Activities: _____

_____

8) Premium computation is subject to audit. Premiums will be adjusted upon completion of the camp to account for the actual number of participating campers, staff and coaches. Premium calculation based on Number Eligible x Number of Days x Rate = Premium.

Classification of Camper	Number Eligible	Number of Days	Rate	Premium
Day Campers			$0.47	$ 0.00
Overnight Campers			$0.67	$ 0.00
Staff / Coaches			$0.09	$ 0.00

Total Premium Due	$ 0.00

***** UT System Office of Risk Management requires timely payment of all deposits and audit premiums due. Failure to make timely payments may result in removal of coverage and future eligibility to participate in the Camp Insurance Program. *****

9) Please list the facilities that have requested Additional Insured certificates. (Include name, address, city, state and zip)

Name: _____

Address: _____

City, State, Zip: _____

** Please be advised: Balance due no later than 30 days after camp completion.**

***** By submitting this application to UT System Office of Risk Management, you are giving authority to bind coverage for your camp. Any application errors will be communicated to the designated camp contact prior to binding coverage. *****

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files claim containing false or deceptive statements is guilty of insurance fraud. Premium computation is subject to audit.

10) Camp Director/Coordinator/Coach Signature: _____