

# Enrollment Form for Special Risk Accident & Liability Insurance

2022-2023 Educational/Non-Sports Camp Application for UT Owned & Operated Camps

APPLICATION DATE: \_\_\_\_\_

**Named Insured: The University of Texas System Board of Regents**

1) UT Institution (e.g. UT Austin, UT HSC Houston): \_\_\_\_\_

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) a) Do you request and receive criminal background investigations on all employees, volunteers and independent contractors? \_\_\_ Yes \_\_\_ No

b) Do you have and enforce written standards regarding sexual abuse/molestation? \_\_\_ Yes \_\_\_ No

9) 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			\$0.42	\$ -
Overnight Campers			\$0.67	\$ -
Staff / Coaches			\$0.09	\$ -
Total Premium Due				\$ -

**\*\* 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. \*\***

10) 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.

11) Camp Director/Coordinator/Coach Signature: \_\_\_\_\_