

Enrollment Form for Special Risk Accident & Liability Insurance

2022-2023 ONLINE

Camp Application for UT Owned & Operated Camps

****All written communications must be done in group messages****

****No private messaging between the instructor and campers; and no private messaging allowed between campers****

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) a) **Effective Date of Coverage:** _____ **Expiration Date of Coverage:** _____
b) **Start Time of Activity** _____ **End Time of Activity** _____
- 6) Age range of campers: _____
- 7) a) **Format & Description of Activities:** _____
b) **Live Stream Origination: (Institution or Instructors Home)** _____
c) **Live Stream Service:** _____
d) **Please confirm all written communications will be done in group messages:** _____
- 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	\$ -
Staff / Coaches			\$0.09	\$ -
Total Premium Due				\$ -

- 10) Please list the facilities that have requested Additional Insured certificates. (Include name, address, city, state and zip)
- Name: _____
Address: _____
City, State, Zip: _____

Coverage for online camps is not automatic; the policy is bound when you receive a certificate from the carrier.

**Coverage territory is limited to the United States of America, including its territories and possessions, Puerto Rico, and Canada

**** 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. ****

**** 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: _____