## Enrollment Form for Special Risk Accident & Liability Insurance Sports Camp Application for UT Owned & Operated Camps

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Named	I Insured: The University of	Texas System Board of Regents			
1) UT	Institution (e.g. UT Austin, UT	HSC Houston):			
Dep	partment (e.g. Athletics, Music	):			
	*Account number to be char	rged:			
2) Nan	ne of Camp/Clinic:				
3) Mai	ling Address:				
		Street	City	State	ZIP
4) Con	ntact Name:		Email Address:		
•	ne Number:		Fax Number:		
E) [#o	ective Date of Coverage:		Evairation Date	o of Coverage	
) Elle	ctive Date of Coverage.		Expiration Date	e of Coverage.	
3) Age	e range of campers:				<u> </u>
7) Des	scription of Sport(s)/Activities:				
	Classification of Campo	er Number Eligible	Number of Days	Rate \$0.57	Premium
	Day Campers			\$0.57	\$ -
	Overnight Campers			\$0.77	\$ -
	Staff / Coaches			\$0.09	-
		Total Premi		um Due	\$ -
		** Please be advised: Balance due r	o later than 30 days after o	camp completion.*	*
** UT	System Office of Risk Mana	ngement requires timely payment of emoval of coverage and future elig	of all deposits and audit	premiums due. F	ailure to make timely payments may result i
9) Plea	ase list the facilities that have	requested Additional Insured certific	ates. (Include name, addr	ess, city, state and	zip)
	Name:				
	Name: Address:				
Cir					
	Address: ty, State, Zip:	to UT System Office of Risk Manaç will be communicated to the dec			overage for your camp. Any application erroverage. ***
*** By :	Address: ty, State, Zip: submitting this application	will be communicated to the des	signated camp contact professional facilitating a fraud against	rior to binding co	verage. *** s an application or files claim containing false or
*** <b>By</b>	Address:  ty, State, Zip:  submitting this application of the person who, with the intent to the control of the	will be communicated to the desidefraud or knowing that he or she is deceptive statements is guilty of in	signated camp contact professional facilitating a fraud against	rior to binding co	verage. *** s an application or files claim containing false or
*** <b>By</b>	Address: ty, State, Zip: submitting this application	will be communicated to the desidefraud or knowing that he or she is deceptive statements is guilty of in	signated camp contact professional facilitating a fraud against	rior to binding co	verage. *** s an application or files claim containing false or