

# Enrollment Form for Special Risk Accident & Liability Insurance

## Non-Sports Camp Application for UT Owned & Operated Camps

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

1. UT Institution: UT DALLAS Department (e.g. Athletics, Music): \_\_\_\_\_
2. Name of Camp/Clinic: \_\_\_\_\_ Day Camp Overnight Stay on campus
3. Mailing Address: \_\_\_\_\_  
Street City State Zip
4. Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ FAX number: \_\_\_\_\_
5. Effective Date(s) of Coverage: \_\_\_\_\_ to \_\_\_\_\_
6. \*Age range of campers: \_\_\_\_\_ Camp Fee: \$ \_\_\_\_\_
7. Description of Camp & Other Risk-Related Activities: \_\_\_\_\_

\*Criminal background checks must be conducted for persons working with minors (including students and volunteers). Please see Enrollment Instructions for details.

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.***

Classification of Camper	Number Eligible	Number of Days	Rate	Premium
<u>Day Campers</u>	_____ X	_____ X	\$0.58 =	\$ _____
<u>Overnight Campers</u>	_____ X	_____ X	\$0.74 =	\$ _____
<u>Staff/Coaches*</u>	_____ X	_____ X	\$0.13 =	\$ _____

\*must list at least 1 staff/coach

Total Premium Due = \$ \_\_\_\_\_

***\*\*\*UT System Office of Risk Management requires timely payment of all deposit 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.)

***\*\*\*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 application or files claim containing a false or deceptive statement is guilty of insurance fraud. Premium computation is subject to audit.

10. Camp Coordinator\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If Camp Coordinator is not a Dean, Director, or above, please obtain appropriate signature below.

- Signature of Approval by Dean, Director, or above: \_\_\_\_\_ Date: \_\_\_\_\_