

**UNIVERSITY OF KENTUCKY  
REQUEST FOR EXCESS MEDICAL/ACCIDENT INSURANCE  
(CAMPS, FIELD TRIPS, AND ACTIVITIES)**

Before submitting, please read the Conditions for Excess Medical/Accident Insurance on the reverse side of this form. Your signature below certifies that the activity described meets those conditions, and therefore is eligible to be insured by the University.

Please provide all information requested. After completing and signing the form, send a copy by fax to our office to (859) 257-1050. This form will be sent to the insurance company for billing purposes, and will be kept on file in Risk Management.

Date of Request: \_\_\_\_\_

Person Making Request: \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Number: \_\_\_\_\_ University Sector: \_\_\_\_\_

Department Address (Bldg/room): \_\_\_\_\_

Phone Number: \_\_\_\_\_

DESCRIPTION OF ACTIVITY (nature and location, and why eligible for insurance -- see reverse side) _____ _____
DATES OF ACTIVITY (please include total number of days to be covered, (e.g. "3/30/97-4/2/97, total 4 days")) _____ _____
Estimated Attendance: _____ Actual Attendance: _____
Account Number to be Charged: _____

To be completed by insurance company representative:			
_____ Attendees x _____ Per attendee per day x _____ Days = _____	Total Premium		
_____ Attendees x _____ Per attendee per day x _____ Days = _____	Total Premium		
_____ Attendees x _____ Per attendee per day x _____ Days = _____	Total Premium		
Grand total: _____			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CONDITIONS FOR EXCESS MEDICAL / ACCIDENT INSURANCE (CAMPS, FIELD TRIPS, AND ACTIVITIES)

Not all camps, field trips, and other activities are eligible to be insured by the University. In order to be eligible, an activity must meet both of the following conditions:

1. The activity must be *sponsored by the University* and *supervised by University personnel*. That is, some department of the University must take responsibility for the organization, hosting, and (usually) funding of the activity. **Student organizations** activities, or activities held on University property but sponsored by an outside organization, do **not** meet this condition, and are not eligible for insurance.
2. The activity must meet *or least one* of the following criteria.

Please indicate each item that applies to this excess insurance request:

- a. It is a summer camp.
- b. It is a sports activity.
- c. It is an out of state field trip.
- d. It involves participants who are under the age of 18.
- e. It is not any of the above, but it exposes participants to a risk of injury that is not ordinarily present in an academic setting. Examples: A rock climbing trip, a firearms safety class, or a carpentry workshop involving the use of power tools.

Description: \_\_\_\_\_

\_\_\_\_\_

We hope that these conditions are largely self-explanatory and will cover most situations that arise. However, if you have questions about the eligibility of a particular activity, feel free to contact Risk Management, (859) 257- 3708.