PROGRAM INSURANCE REQUEST

A request for accident insurance for participants in a Lewis-Clark State College program must be received by Administrative Services no later than two weeks prior to the beginning of any activity to ensure coverage for the activity. **A Purchase Order for the estimated premium must be entered into Colleague and approved prior to sending this request. (Vendor is American Income Life.)**

1. Name of Activity: _____

2. Activity Date(s):_____

3. Estimated number of participants:_____
   Please check if Volunteers are included. ☐

4. Program Director/Department/Phone:_____

5. Authorizing Department Head/Phone:_____

6. Requisition/PO:_____

Premium Calculation: $ 0.40 X ____ (# of campers and volunteers) X ____ (# of days) = $ 0.00

Notes:

The Completed Activity Report(s) are due to Administrative Services as soon as reasonable after the camp or activity is completed, typically within 1 week. Administrative Services will obtain an invoice from the insurance company based on the Completed Activity Report information, and send to the requesting program and Controller's office for payment.

I hereby verify that our program director is aware of the obligation to obtain asigned Agreement to Participate (waiver of liability) form from each participant or volunteer upon enrollment in a LC State program. A participant or volunteer who does not have a waiver on file in the program office will not be eligible to participate in any activity.

Signature of Person Requesting the Insurance:

Send to Administrative Services

Administrative Services Use:

Serial #:

Policy # 5028