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: X (# of campers) X (# of days) = 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:	
Adminis	trative Services Use:

Serial #: Policy # 5028