

PROGRAM INSURANCE REQUEST

TO: Administrative Services

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 in order to ensure coverage for the activity.

- 1. Name of Activity: _____
- 2. Activity Date: _____
- 3. Estimated number of participants: _____
Please state if Volunteers are included.
- 4. Program director/Department/Phone: _____
- 5. Authorizing Department Head/Phone: _____
- 6. Budget Number: _____. Request without valid budget number will not be processed. Completed Activity Reports are due to Administrative Services NO LATER than two weeks after camp or activity is completed. Departments will be charged the estimated figures if Completed Activity Report is not turned in within two weeks.

I hereby verify that our program director is aware of the obligation to obtain a signed Agreement to Participate (waiver of liability) form from each participant or volunteer upon enrollment in a LCSC 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: _____
Date: _____

Administrative Services use only

Serial # _____ Policy #5028
