

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 requisition for the estimated premium must be entered into Colleague and approved prior to sending this request.

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 a signed 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:

Administrative Services Use:

Serial #:

Policy # 5028