



**SPECIAL RISK ACCIDENT & LIABILITY INSURANCE ENROLLMENT FORM  
TEXAS TECH UNIVERSITY SYSTEM CAMP AND CONFERENCE**

**Part I**

Named Insured: Texas Tech University System Camps and Conferences

1. Name of Institution (e.g. Texas Tech University): \_\_\_\_\_

2. Name of Camp / Clinic: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. Contact Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
*Street City State Zip*

5. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

6. Effective Date of Coverage: \_\_\_\_\_ Termination of Coverage: \_\_\_\_\_

7. Age range of campers: \_\_\_\_\_ Hosting Department: \_\_\_\_\_

8. Description of Camp Activities: \_\_\_\_\_

9. Will you have overnight campers that are minors?  Yes  No If yes, complete a, b, and c:

- a. Do you request and receive criminal background checks on all employees, volunteers and independent contractors?  Yes  No
- b. Do you have and enforce written standards regarding sexual abuse/molestation?  Yes  No
- c. Have you ever had an incident which resulted in an allegation of sexual abuse? If yes, please explain details of claim.  Yes  No Claim Details: \_\_\_\_\_

**Part II**

**Premium Calculation:** Final premium is subject to audit, will be adjusted upon conclusion of the camp. An audit form will be sent following the camp to determine accurate camper count and the correlating total premium. You will be sent an invoice based on the audit. Premium calculation is based on Number Eligible X Number of Days X Rate = Premium.

Classification of Campers	Number Eligible	Number of Day(s)	Rate	Premium
Youth Commuter Campers (under 18)			\$0.54	\$
Adult Commuter Campers (18 and over)			\$0.49	\$
Overnight Campers (of any age)			\$0.79	\$
Staff / Coaches / Chaperones			\$0.22	\$

Estimated Premium: \$

**\*\* By submitting this application you are giving an order to bind coverage for your camp. Any application errors will be communicated to the designated camp contact prior to binding coverage.**

**\*\* Texas Tech System Office of Risk Management requires timely payment of premiums due. Failure to make timely payments may result in removal from future eligibility to participate in the Camp Insurance Program.**

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing to false or deceptive statements is guilty of insurance fraud. Premium computation is subject to audit.

12. Camp Director/Coordinator/Coach Signature: \_\_\_\_\_

13. Date \_\_\_\_\_

**SOUTHWEST SPECIAL RISK INSURANCE**  
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