U.T. System Office of Risk Management Camp Insurance Policy and Camp Portal

Ruth Maldonado, Insurance Specialist Stacy Youngdale, Associate Director Risk Management



The Camp Program provides Excess Accident and General Liability coverage to participants and staff of enrolled, UTowned and operated camps held throughout the year. The Camp Program provides insurance coverage in accordance with UTS 192 Youth Protection Policy (Section 4.6).



Email Announcement

- Email announcement sent by ORM on April 25th
 - Risk Management Advisory Committee
 - Youth Protection Program Contacts
- Insurance policy info and ORM Camp Portal Link
- Recipients should forward to department contacts within their institution





UT System Camp Program Process and Responsibilities





Submit Application

Any employee may enter the link and select a camp application to submit by using their institution's credentials.

Follow Link:

https://apps.utsystem.edu/ORMCamps/camplist



Application Overview

- 1. Select the appropriate application
 - Sports Camp
 - Non-sports (educational)
 - Online Camp
- 2. Complete the appropriate application based upon the type of camp. Note the form will not submit without answering all questions.
- 3. Once submitted you will receive a pdf copy of your application from <u>ORMinfo@utsystem.edu.</u> ORM will accept all applications as an order to bind coverage.
- 4. Log back into the Camp portal to update or cancel your application.



When you click on the link, you will see the following page:



THE UNIVERSITY of TEXAS SYSTEM THIRTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

Select your institution

This service requires you to authenticate with your home institution. Make a selection below and click continue.

Please don't bookmark this page



Or enter your organization's name

Continue

Allow me to pick from a list

Select: Allow me to pick from a list and select your University. This will take you to a page where you will need to use your UT institution's credentials to access.

This page is also behind 2-factor authentication.



Please select your organization	^	
The University of Texas at Arlington		tion. Make a
The University of Texas at Austin		
The University of Texas at Dallas		
The University of Texas at El Paso		
The University of Texas at San Antonio		
The University of Texas at Tyler		
The University of Texas Health Science Center at Houston		
The University of Texas Health Science Center at San Anton		
The University of Texas Health Science Center at Tyler		
the second se	~	
Please select your organization	·	Continue

Allow me to specify the site

Log in Page

This may look different based on your institution



The University of Texas System thirteen institutions. Unlimited possibilities.

SNAC Username

4357 or email help@utsystem.edu.

Password

Login

Enter your UT System Administration SNAC and password. If you need assistance, please call the Help Desk at 512-499-

You are accessing The University of Texas System Administration network.

- Unauthorized use is prohibited.
- · Usage may be subject to testing and monitoring.
- Abuse is subject to criminal prosecution.
- No expectation of privacy except as otherwise provided by applicable privacy laws.

Learn more online security from the platform of your choice.







To start a new camp application, click on the New Camp Application button.

		Log Out
	THE UNIVERSITY of TEXAS SYSTEM THIRTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.	
×	UT System Risk Management	
	CAMP APPLICATION LIST	
	NO CAMP APPLICATIONS WERE FOUND AT THIS TIME	
	Click on Button to Add a New Camp Application	
	New Camp Application	
	The University of Texas System Last Updated Monday, February 27, 2023 at 2:35 PM Send Comments to ORMWebTeam	



There are three types of camps. Select the application that most fits your needs.

		Log Out
O	THE UNIVERSITY of TEXAS SYSTEM THIRTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.	
UT System Risk I	Management	
	ENROLLMENT FORM FOR SPECIAL RISK ACCIDENT & LIABILITY INSURANCE Select Type of Camp to Begin Application Return to List	
	Camp Type <mark>O Non-Sports O Sports O Online</mark>	
	The University of Texas System Last Updated Monday, February 27, 2023 at 2:35 PM Send Comments to ORM/WebTeam	



Select the type of camp Example: Sports Form

ENROLLMENT FORM FOR SPECIAL RISK A	CCIDENT & LIABILITY INSURANCE Select Type of Camp to Begin Application
	Return to List
	Camp Type ONon-Sports 💿 Sports O Online
Sports Camp	Application for UT Owned & Operated Camps
Name Insured: The University of Texas	System Board of Regents
UT Institution	UT System Administration
Department	e.g. Athletics, Music
Account Number to be charged	Account Number
Name of Camp/Clinic	Camp/Clinic
Description of Activities	e.g. Description of Activity
	li.



Department Mailing Address	Street/City/State/Zip
Camp Director Name	e.g. John Smith
Camp Director Email	e.g. john.smith@email.com
Camp Director Phone	e.g. 123-456-7890
Effective Date of Coverage	e.g. 01/01/202 Expiration Date of Coverage e.g. 01/31/202
Age Range of Campers (Select all that apply)	□ 5–10 □ 11–14 □ 15–17 □ 18 and up

Premium computation is subject to audit. Premiums will be adjusted upon completion of the camp to account for the actual number of participating campers, staff and coaches. Premium calculation based on <u>Number Eligible</u> x <u>Number of Camp Days</u> x <u>Rate</u> = <u>Premium</u>.

Classification of Camper	Number Eligible	Number of Camp Days	Rate	Premium
Day Campers			\$0.55	\$0.00
Overnight Campers			\$0.77	\$0.00
Staff / Coaches			\$0.09	\$0.00
		Total Premium Due		\$0.00

Please be advised: Balance due no later than 30 days after camp completion.

UT System Office of Risk Management requires timely payment of all deposits and audit premiums due. Failure to make timely payments may result in removal of coverage and future eligibility to participate in the Camp Insurance Program.

Please list the facilities that have requested Additional Insured certificates. (Include name, address, city, state and zip)

Name		e.g. University Gym
Address	Q	e.g. 12345 University Blvd
City	Q	e.g. Austin
State	0	e.g. TX
Zip	Q	e.g. 78704

Coverage for camps is not automatic; the policy is bound when you receive a certificate from the carrier. Coverage territory is limited to the United States of America, including its territories and possessions, Puerto Rico, and Canada.

By submitting this application to UT System Office of Risk Management, you are giving authority to bind coverage for your camp. Any application errors will be communicated to the designated camp contact prior to binding coverage.

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 claim containing false or deceptive statements is guilty of insurance fraud. Premium computation is subject to audit.

Submitted

The ORM Camp Portal will send an email that contains a PDF attachment to the submitter and Camp contact From: <u>ORMInfo@utsystem.edu</u> Subject: Camp Name
 From:
 ORMInfo@utsystem.edu

 To:
 bryce.rayor@athletics.utexas.edu

 Subject:
 UTSYSCampForm_UTAUS_AprilCollegeProspectCamp - Submitted

 Date:
 Thursday, March 30, 2023 8:04:50 AM

 Attachments:
 UTSCampForm_UTAUS_AprilCollegeProspectCamp 202303300803.pdf

UT System Administration - Office of Risk Management

You have just submitted a Camp Application form for the following camp/clinic:

Camp/Clinic Name:	April College Prospect Cam			
Institution:	UT Austin			
Department:	Athletics			
Camp/Clinic Date(s):	04/14/2023 - 04/15/2023			

For further information, please contact please contact <u>Ruth Maldonado</u> in the Office of Risk Management.



A PDF will be created that is similar in look as the old applications. The ORM Camp Policy Administrator will receive and send to Broker for further processing

			2023 . 2024	Non-Sports Camp Appl	ation for LIT Owner	1.8. Operated C	amos	
			2023 - 2024 1	Non-Sports Camp Appli	auth for the owner	u a operateu o	amps	
APPLICAT	ION DATE:	April 10, 202	3					
Named In:	sured: The I	University of	Texas System Boar	rd of Regents				
1) UT Inst	itution (e.g. I	UT Austin, UT	(HSC Houston):	UT Rio Grande Valley				
Departs	ment (e.g. At	hielice, Music	t)r	UTROV P-16 Outreach and	Testing Services			
*Acces	nt Number t	o be charged	31000652					
~			ITEON ECIED OT	EN Come				
2) Neme (a campican	WC	UTRAVE COUD OF					
3) Descrip	tion of Activi	ties:	The Edinburg CISC) Summer STEM Four-Day Can	p is a program for 6th, 7th	, and 8th-grade stuc	ients enrolled in t	e ECISD Mother/Dau
4) Mailing	Address		1201 W. University	Dr. Edinburg, TX 78539				
			Street		City	State		Zip
5) Contac	Name:	Cynthia W	Ada		E-mail Address:	cynthia walls01@	itrgv.edu	
Phone	Number:	958-885-2	080		_			
6) Effectiv	e Date of Co	werage	8/20/2023		Expiration D	ate of Coverage:	8/23/2023	
7) Age Re	nge of Cam	pers:	5-10 <u></u>	11 - 14 15 - 17	18 and up			
8) e) Do yo	u request a	nd receive cri	minal background che	ecia on all employees, volunte	re and independent contr	ractors? _X_Yes	No	
b) Do yo	u have and	enforce cond	uct standards regard	ing sexual abuse and child mol	station? X Yes	No		
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Update or Cancel

The Submitter may log back into the ORM Camp Portal and view a list of all the camps that they have submitted. Select the application you wish to update or cancel.



THE UNIVERSITY OF TEXAS SYSTEM THIRTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES

UT System Risk Management

ORM CAMP PORTAL LIST

Click on Camp Name to Update Application

Click on Button to Add a New Camp Application

New Camp Application

Camp Name	Camp Type	UT Institution	Effective Date	Expiration Date	Random Name	Submitted	Click to Print
Touring the Blanton Museum	Educational	UT Institution	04/21/2023	04/23/2023	Random Name	02/27/2023	2
Some new camp will go here	Sports	UT Institution	02/17/2023	02/18/2023	Random Name	02/14/2023	200
Dogs in Austin Texas	Virtual	UT Institution	10/17/2022	10/19/2022	Random Name	11/11/2022	
Science of Science	Educational	UT Institution	10/22/2022	10/24/2022	Random Name	10/20/2022	2
Serving 101	Sports	UT Institution	10/20/2022	10/22/2022	Random Name	10/20/2022	1000
Basic Digging	Sports	UT Institution	10/19/2022	10/21/2022	Random Name	10/19/2022	2
Phising 101	Educational	UT Institution	10/20/2022	10/21/2022	Random Name	10/19/2022	2



Update or Cancel

Update the information that needs to be updated. Scroll down to the bottom of the page and press the Update or Cancel button. Note: You must press the Update or Cancel button to

save your changes.

e.g. 78704

Coverage for camps is not automatic; the policy is bound when you receive a certificate from the carrier. Coverage territory is limited to the United States of America, including its territories and possessions, Puerto Rico, and Canada.

By submitting this application to UT System Office of Risk Management, you are giving authority to bind coverage for your camp. Any application errors will be communicated to the designated camp contact prior to binding coverage.

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 claim containing false or deceptive statements is guilty of insurance fraud. Premium computation is subject to audit.





Update or Cancel

An email will be generated and sent to submitter, camp contact and ORM Camp Policy Administrator with the Updated Camp Application attached via a PDF file.

The email will look something like this in your inbox.





Proof of Coverage

Southwest Special Risk Insurance

Southwest Special Risk will email proof of coverage certificate of insurance (Acord Form) and claims form to the **Contact Name** listed on application from tammy westbrook@outlook.com



Proof of Coverage

Certificate of Insurance Accord Form

ACORD	
-	

DATE (MM/DD////// CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		NAME:			
		PHONE (AC, No, Ext):		(A/C, No):	
		E-MAIL ADDRESS:			
			INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A :			
INSURED		INSURER B :			
		INSURER C :			
		INSURER D :			
		INSURER E :			
		INSURER F :			
COVERACES	CERTIFICATE NUMPER-		REVISION NU	ADCD-	

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDIGATED. NOTWITHISTINDING MY REQUIREMENT, TERM OR CONDITION OF MY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY FERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALTHE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

- 1	LTR	TR TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DDMMM)	(MMODMMM)	LIMITS	
_ [COMMERCIAL GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR						EACH OCCURRENCE \$	_
								PREMISES (Es occurrence) \$	_
					HDGL003700680	04/26/2022	04/26/2023	MED EXP (Any one person) \$	_
			I 1					PERSONAL & ADV INJURY \$	_
								GENERAL AGGREGATE \$	_
		GENL AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMPIOP AGG \$	_
l		POLICY PRO- LOC						Participants Leagal Liability \$ 1,000,000.00	_
[AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ex socident) \$	
		ANY AUTO						BODILY INJURY (Per person) \$	
		ALL OWNED SCHEDULED AUTOS AUTOS HIRED AUTOS AUTOS						BODILY INJURY (Per accident) \$	
								PROPERTY DAMAGE \$ (Per accident)	_
_ L								\$	_
[UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	_
		EXCESS LIAB CLAIMS-MADE DED RETENTION \$						AGGREGATE \$	_
_ L								5	_
	WORKERS COMPENSATION							TORY LIMITS ER	_
	ANY PROPRIETORPARTNER/EXECUTIVE		NIA					E.L. EACH ACCIDENT \$	
		(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$	
		DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	_
[A Sexual Abuse / Molestation			_	HDGL003700680	04/26/2022	04/26/2023	\$100,000.00 Per Occurrence \$300,000.00 Aggregate	
	в	Accident Medical			BAP476171	04/26/2022	04/26/2023	\$ 25,000.00 Maximum Medical Benefit	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required) THE BELOW ENTITY IS ADDED AS ADDITIONAL INSURED ONLY TO THE RESPECT TO LIABILITY ARISING OUT OF THE OPERATIONS OF THE ABOVE NAMED INSURED DURING THE POLICY TERM.

Includes: Trombone Workshop Dates: April 8, 2023				
CERTIFICATE HOLDER	CANCELLATION			
University of Texas - Permian Basin 4001 E. University Blvd. Odessa, TX 70761	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
	AUTHORIZED REPRESENTATIVE			
	© 1988-2010 ACORD CORPORATION. All rights reserved.			
ACORD 25 (2010/05) The ACORD name and logo are registered marks of ACORD				
ACORDs provided by Forms Boss, www.FormsBoss.com; (c) impressive Publishing 800-208-1977				

Example ACORD Form

Broker name and contact information

The insured

ACORD CERTIFICATE OF LIA	BILITY INSURANCE	e (MM/DD/YYYY) 2/2023			
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY ON REGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.					
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).					
PRODUCER Southwest Special Risk Insurance	CONTACT NAME: PHONE (A/C, No. Ext): (817) 923-1111 (A/C, No.): (817)	336-9967			
Fort Worth, TX 76107	ADDRESS: INSURER(S) AFFORDING COVERAGE	NAIC #			
INSURED The University of Texas System Board of Recents	INSURER A: HDI Global Specialty SE INSURER B: Starr Indemnity & Liability Company	086486			
504 Lavaca Street Austin, TX 78701	INSURER C :				
	INSURER E :				

Carriers General Liability Excess Accident



ACORD Form

Coverage Information

CO	VERAGES CEF	TIFI	CATE	NUMBER:			REVISION NUMBER:
TH IN CE E)	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY KOLUSIONS AND CONDITIONS OF SUCH	OF EQUIP PERT POLI	NSUF REMEI AIN, CIES.	RANCE LISTED BELOW HAVE BEE NT, TERM OR CONDITION OF AN THE INSURANCE AFFORDED BY LIMITS SHOWN MAY HAVE BEEN F	N ISSUED TO Y CONTRACT THE POLICIE REDUCED BY	OR OTHER INSURE OR OTHER I S DESCRIBED PAID CLAIMS	ED NAMED ABOVE FOR THE POLICY PERIOD DOCUMENT WITH RESPECT TO WHICH THIS D HEREIN IS SUBJECT TO ALL THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENL AGGREGATE LIMIT APPLIES PER:		×		HDGL003700680	04/26/2022	04/26/2023	EACH OCCURRENCE \$ 1,000.000.00 DAVAAGE TO RENTED \$ 300,000.00 PREMISES Executance) \$ 300,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.000 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMPIOP AGG \$ 1,000,000.00
	X POLICY PRO- JECT LOC						Participants Leagal Liability \$ 1,000,000.00
							COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$
ALTOS AUTOS NON-OWNED AUTOS AUTOS							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ (Per accident) e
		-					
	EXCESS LIAB CLAIMS-MADE						AGGREGATE S
	DED RETENTION \$	1					s
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY POPRETORPARTINEREXECUTIVE OFFICERMENDER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A					WC STATU- TORY LIMITS OTH- ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A Sexual Abuse / Molestation				HDGL003700680	04/26/2022	04/26/2023	\$100,000.00 Per Occurrence \$300,000.00 Aggregate
B Accident Medical				BAP476171	04/26/2022	04/26/2023	\$ 25,000.00 Maximum Medical Benefit \$ 0.00 Deductible



ACORD Form

Description Section Camp Name and dates

Certificate Holder/Institution

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) THE BELOW ENTITY IS ADDED AS ADDITIONAL INSURED ONLY TO THE RESPECT TO LIABILITY ARISING OUT OF THE OPERATIONS OF THE ABOVE NAMED INSURED DURING THE POLICY TERM.

Includes: Chior Tour Dates: April 17, 2023 - April 18, 2023

CERTIFICATE HOLDER	CANCELLATION
University of Texas - Permian Basin 4901 E. University Blvd. Odessa, TX 79761	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Jill Faulder



Audit

Southwest Special Risk Insurance

Southwest Special Risk will send audit form to the **Contact Name** via email from <u>Tammy_Westbrook@outlook.com</u> at the end of each camp (expiration date of coverage) for the actual final number of campers and staff/coaches. Complete and return within 72 hours to SWSR (<u>Tammy_westbrook@outlook.com</u>)



Audit Forms

Southwest Special Risk Insurance

3116 West 5th Street, Suite 106 Fort Worth, TX 76107 Phone (817) 923-1111 FAX (817) 336-9967

The University of Texas System Board of Regents Camp Program

Non-Sports Insurance Audit

Purchase Order #: Please provide purchase order # if required by accounts payable department to process payments.

1) UT Institution Name:

2) Name of Camp/Clinic:

3) Contact Name:

4) Effective date of activity in audit:

5) Expiration date of activity in audit:

<u>Premium Rating Calculation:</u> (Please multiply the number of participants and staff times the specific rate and total).

Classification of Camper	Number Eligible	Number of Days	Rate	Total Premium
Day Campers			\$0.42	\$
Overnight Campers			\$0.67	\$
Staff / Coaches			\$0.09	\$
			Total Premium Due	\$

** UT System Office of Risk Management requires timely payment of all audit premiums due. Failure to make timely may result in removal ofcoverage and future eligibility to participate in the Camp Insurance Program. **

** Invoices will be generated for the insurance premium once the audit form has been filled out and completed by the camp director.

Southwest Special Risk Insurance 3116 West 5th Street, Suite 106 Fort Worth, TX 76107

Phone (817) 923-1111 FAX (817) 336-9967

The University of Texas System Board of Regents Camp Program

Sports Insurance Audit

Purchase Order #:

Please provide purchase order # if required by accounts payable department to process payments.

1) UT Institution Name:

2) Name of Camp/Clinic:

3) Contact Name:

4) Effective date of activity in audit:

5) Expiration date of activity in audit:

<u>Premium Rating Calculation:</u> (Please multiply the number of participants and staff times the specific rate and total).

Classification of Camper	Number Eligible	Number of Days	Rate	Total Premium
Day Campers			\$0.55	\$
Overnight Campers			\$0.77	\$
Staff / Coaches			\$0.09	\$
			Total Premium Due	\$

** UT System Office of Risk Management requires timely payment of all audit premiums due. Failure to make timely may result in removal ofcoverage and future eligibility to participate in the Camp Insurance Program. **

** Invoices will be generated for the insurance premium due once the audit form has been filled out and completed by the camp director.



Audit form

The form will be prepopulated with Camp information. Note: This has been added Purchase Order #: *Please provide purchase order # if required by accounts payable department to process payments*.
 Southwest Special Risk Insurance

 3116 West 5th Street, Suite 106
 Fort Worth, TX 76107

 Phone (817) 923-1111
 FAX (817) 336-9967

The University of Texas System Board of Regents Camp Program

Sports Insurance Audit

Purchase Order #:_____ Please provide purchase order # if required by accounts payable department to process payments.

1) UT Institution Name: _____

2) Name of Camp/Clinic:

3) Contact Name:

4) Effective date of activity in audit:_____

5) Expiration date of activity in audit:



Audit Form

This is where you will update the form and return within 72 hours to

Tammy_Westbrook@outlook. com

In return you will receive an invoice from

Tammy_Westbrook@outlook. com <u>Premium Rating Calculation:</u> (Please multiply the number of participants and staff times the specific rate and total).

Classification of Camper	Number Eligible	Number of Days	Rate	Total Premium
Day Campers			\$0.55	\$
Overnight Campers			\$0 .77	\$
Staff / Coaches			\$0.09	\$
			Total Premium Due	\$

** UT System Office of Risk Management requires timely payment of all audit premiums due. Failure to make <u>timely</u> may result in removal of coverage and future eligibility to participate in the Camp Insurance Program. **

** Invoices will be generated for the insurance premium due once the audit form has been filled out and completed by the camp director.



Invoice

Southwest Special Risk Insurance

An invoice for the premium (based on the Audit form) will be sent to the designated **Contact Name** from: <u>tammy_westbrook@outlook.com</u> Note: If audit form is not returned to SWSR in a timely manner SWSR will invoice from the initial application.



	Southwest Special Risk Insurance INVOICE	
Invoice	3116 West 5 th Street, Suite 106 Invoice #220810- Fort Worth, Texas 76107 Phone 817-923-1111 Phone 817-923-1111 Billing Date: 08/11 Fax 817-336-9967 Fax 817-336-9967	03 0/2022
All invoices will include	Billing Address: PO Number: Vot Amilcar Galindo University of Texas – Rio Grande Valley 1201 W. University Drive Edinburg, TX 78539	pon Receipt 20157806
Necessary information to make payment Effective date and camp name	Effective Date Description Total Premium June 6, 2022 University Recreation Summer Youth \$1,010.54	Deposit Paid \$0.00
	TOTAL DUE	\$1,010.54



The Risk Management Information System (RMIS)

In addition to launching the ORM Camp Portal, we have made available a separate portal specifically for YPP Contacts.

The Risk Management Information System (RMIS) will provide the YPP Contacts access to view all the camp applications submitted from their institution.

To request access to RMIS, please send an email to Ruth Maldonado (<u>rmaldonado@utsystem.edu</u>)



Example of what you can see via the RMIS.

	Oı	FICE OF RISK MANAGEMENT				
Risk	Risk Management Information System (RMIS)					
Home	Camps					
Home / C	Camps					
		Camp Insurance Applications				
	Hide sea	Institution: UT Institution Starting On or After (optional): 4/26/2022 Ending On or Before (optional): 4/25/2024 Filter by Dates				
		Export to Excel				

Camp Name	Institution	Department	Submitted by	Date Submitted	Contact Name	<u>Coverage</u> <u>Start</u>	<u>Coverage</u> <u>End</u>
Testing	UT Institution	Testing	Person1 Person2	10/21/2022	e.g. John Smith	4/27/2022	2/1/2023
Reptile identification	UT Institution	Zoology	Person1 Person2	2/15/2023	Judith Durham	5/1/2022	3/1/2023
Ghandi for Virtual Worlds	UT Institution	Justice	Person1 Person2	10/25/2022	Keyboard	5/2/2022	6/2/2022
Close Brackets	UT Institution	MetaCriticism	Person1 Person2	10/25/2022	Matilda the Hun	6/3/2022	7/3/2022
How to Eat Healthy	UT Institution	Nutrition Department	Person1 Person2	10/11/2022	Terrence Phillips	10/12/2022	10/12/2022

Contact us Site last updated Monday, April 17, 2023 at 9:55 AM



You will be able to export into Excel a list of camp applications from your institution.

	Oı	FICE OF RISK MANAGEMENT				
Risk	Risk Management Information System (RMIS)					
Home	Camps					
Home / C	amps					
		Camp Insurance Applications				
	Hide sea	Institution: UT Institution Starting On or After (optional): H126/2022 Ending On or Before (optional): H125/2024 Filter by Dates				
		Export to Excel				

Camp Name	Institution	Department	Submitted by	Date Submitted	Contact Name	<u>Coverage</u> <u>Start</u>	<u>Coverage</u> <u>End</u>
Testing	UT Institution	Testing	Person1 Person2	10/21/2022	e.g. John Smith	4/27/2022	2/1/2023
Reptile identification	UT Institution	Zoology	Person1 Person2	2/15/2023	Judith Durham	5/1/2022	3/1/2023
Ghandi for Virtual Worlds	UT Institution	Justice	Person1 Person2	10/25/2022	Keyboard	5/2/2022	6/2/2022
Close Brackets	UT Institution	MetaCriticism	Person1 Person2	10/25/2022	Matilda the Hun	6/3/2022	7/3/2022
How to Eat Healthy	UT Institution	Nutrition Department	Person1 Person2	10/11/2022	Terrence Phillips	10/12/2022	10/12/2022

<u>Contact us</u> Site last updated Monday, April 17, 2023 at 9:55



QUESTIONS?

