

# 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, UT-owned and operated camps held throughout the year. The Camp Program provides insurance coverage in accordance with UTS 192 Youth Protection Policy (Section 4.6).

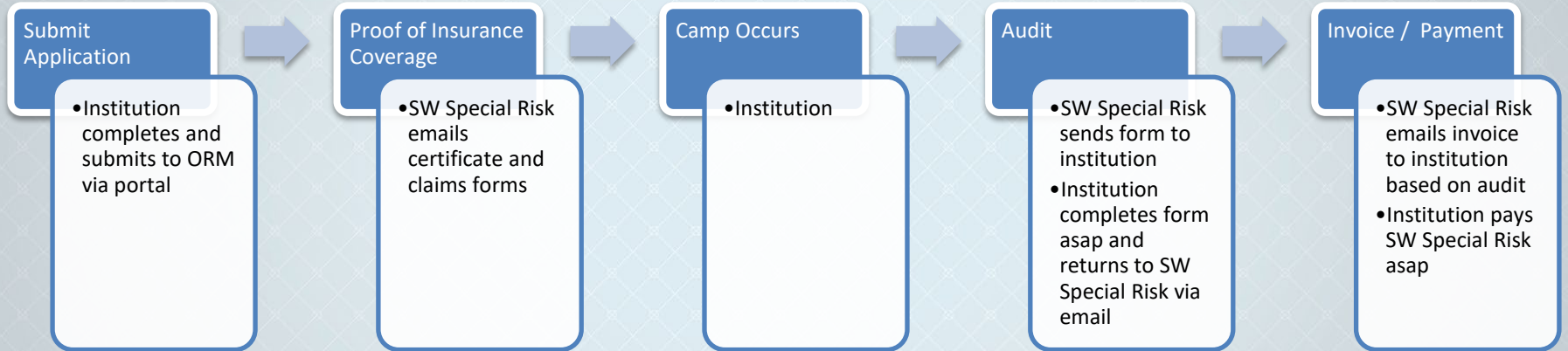


# Email Announcement

- 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 [ORMinfo@utsystem.edu](mailto:ORMinfo@utsystem.edu). 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



THE UNIVERSITY of TEXAS SYSTEM  
THIRTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

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
- 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

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

Password

Login

Enter your UT System Administration SNAC and password. If you need assistance, please call the Help Desk at 512-499-4357 or [email help@utsystem.edu](mailto:help@utsystem.edu).

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.

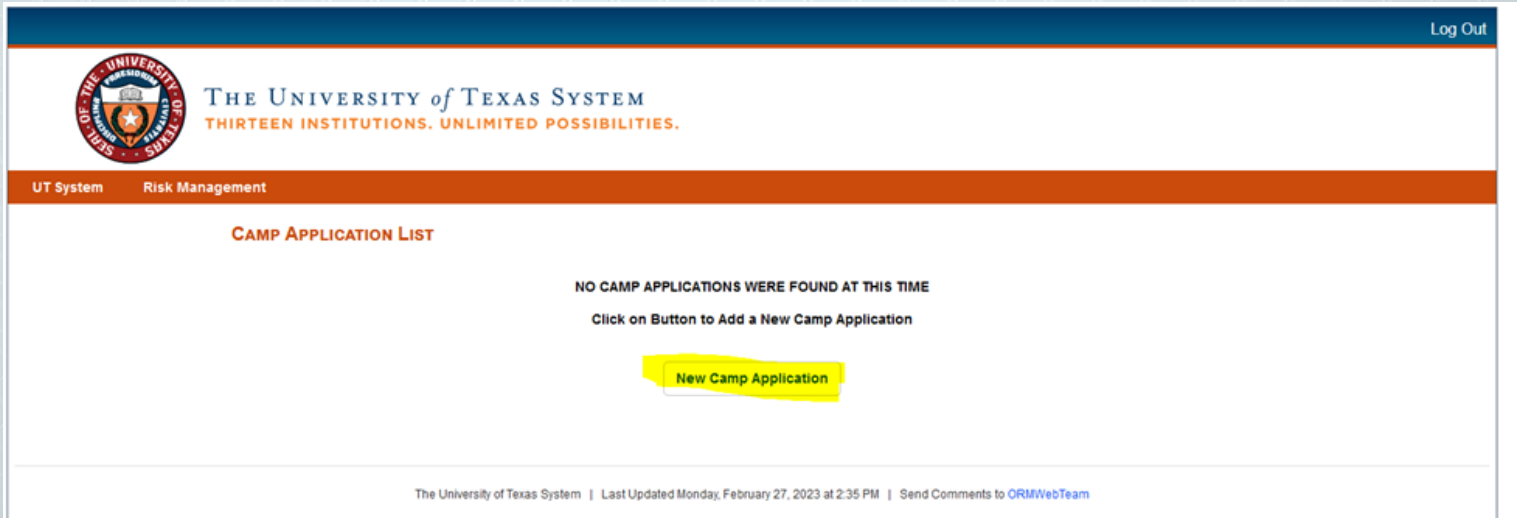
Learn more online security from the platform of your choice.



THE UNIVERSITY of TEXAS SYSTEM  
THIRTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

# Site Options

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



The screenshot shows the top navigation bar with a "Log Out" link. Below the navigation bar is the University of Texas System logo and the text "THE UNIVERSITY of TEXAS SYSTEM" and "THIRTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES." A secondary navigation bar contains "UT System" and "Risk Management". The main content area is titled "CAMP APPLICATION LIST" and contains the message "NO CAMP APPLICATIONS WERE FOUND AT THIS TIME" and "Click on Button to Add a New Camp Application". A yellow button labeled "New Camp Application" is highlighted. The footer contains the text "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.

The screenshot shows a web page for the University of Texas System. At the top right, there is a "Log Out" link. The main header features the University of Texas System logo and the text "THE UNIVERSITY of TEXAS SYSTEM" and "THIRTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES." Below this is a navigation bar with "UT System" and "Risk Management" links. The main content area is titled "ENROLLMENT FORM FOR SPECIAL RISK ACCIDENT & LIABILITY INSURANCE" and includes the instruction "Select Type of Camp to Begin Application". A "Return to List" button is positioned above a form field labeled "Camp Type". The form field contains three radio button options: "Non-Sports" (which is selected and highlighted in yellow), "Sports", and "Online". At the bottom of the page, there is a footer with the text "The University of Texas System | Last Updated Monday, February 27, 2023 at 2:35 PM | Send Comments to [ORMWebTeam](#)".



# Select the type of camp

## Example: Sports Form

**ENROLLMENT FORM FOR SPECIAL RISK ACCIDENT & LIABILITY INSURANCE**

Select Type of Camp to Begin Application

[Return to List](#)

Camp Type  Non-Sports  Sports  Online

### Sports Camp Application for UT Owned & Operated Camps

Name Insured: The University of Texas System Board of Regents

**UT Institution**

**Department**

**Account Number to be charged**

**Name of Camp/Clinic**

**Description of Activities**



Department Mailing Address

Camp Director Name

Camp Director Email

Camp Director Phone

Effective Date  
of Coverage

Expiration Date  
of Coverage

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 Number Eligible x Number of Camp Days x Rate = Premium.

Classification of Camper	Number Eligible	Number of Camp Days	Rate	Premium
Day Campers	<input type="text"/>	<input type="text"/>	\$0.55	\$0.00
Overnight Campers	<input type="text"/>	<input type="text"/>	\$0.77	\$0.00
Staff / Coaches	<input type="text"/>	<input type="text"/>	\$0.09	\$0.00
<b>Total Premium Due</b>				<b>\$0.00</b>

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



e.g. 12345 University Blvd

City



e.g. Austin

State



e.g. TX

Zip



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: [ORMInfo@utsystem.edu](mailto:ORMInfo@utsystem.edu)

Subject: Camp Name

**From:** [ORMInfo@utsystem.edu](mailto:ORMInfo@utsystem.edu)  
**To:** [bryce.raygor@athletics.utexas.edu](mailto:bryce.raygor@athletics.utexas.edu)  
**Subject:** UTSYS Camp Form\_UTAUS\_AprilCollegeProspectCamp - Submitted  
**Date:** Thursday, March 30, 2023 8:04:50 AM  
**Attachments:** UTSYS Camp Form\_UTAUS\_AprilCollegeProspectCamp\_202303300803.pdf

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## UT System Administration - Office of Risk Management

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

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

For further information, please contact please contact [Ruth Maldonado](#) 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

**Enrollment Form for Special Risk Accident & Liability Insurance**  
2023 - 2024 Non-Sports Camp Application for UT Owned & Operated Camps

APPLICATION DATE: April 10, 2023

Named Insured: The University of Texas System Board of Regents

1) UT Institution (e.g. UT Austin, UT HSC Houston): UT Rio Grande Valley

Department (e.g. Athletics, Music): UTRGV P-18 Outreach and Testing Services

\*Account Number to be charged: 31000852

2) Name of Camp/Clinic: UTRGV ECSD STEM Camp

3) Description of Activities: The Edinburg CISD Summer STEM Four-Day Camp is a program for 6th, 7th, and 8th-grade students enrolled in the ECSD Mother/Daughter or

4) Mailing Address: 1201 W. University Dr. Edinburg, TX 78539  
Street City State Zip

5) Contact Name: Cynthia Wells E-mail Address: cynthia.wells1@utrgv.edu  
Phone Number: 958-885-2080

6) Effective Date of Coverage: 6/25/2023 Expiration Date of Coverage: 6/25/2023

7) Age Range of Campers:      5 - 10   X   11 - 14      15 - 17      19 and up

8) a) Do you request and receive criminal background checks on all employees, volunteers and independent contractors?   X   Yes      No  
b) Do you have and enforce conduct standards regarding sexual abuse and child molestation?   X   Yes      No

9) 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 Number Eligible x Number of Days x Rate = Premium.

Classification of Camper	Number Eligible	Number of Days	Rate	Premium
Day Campers	50	4	\$0.42	\$ 84.00
Overnight Campers	0	0	\$0.87	\$ 0.00
Staff / Coaches	10	4	\$0.09	\$ 3.60
Total Premium Due				\$ 87.60

**\*\* 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. \*\***

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

Name: UTRGV Environmental Health and Safety and Risk Management  
Address: 1201 W. University Dr.  
City, State, Zip: Edinburg, TX 78539

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

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

11) Camp Director/Coordinator/Coach Signature: Cynthia Wells





# 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.

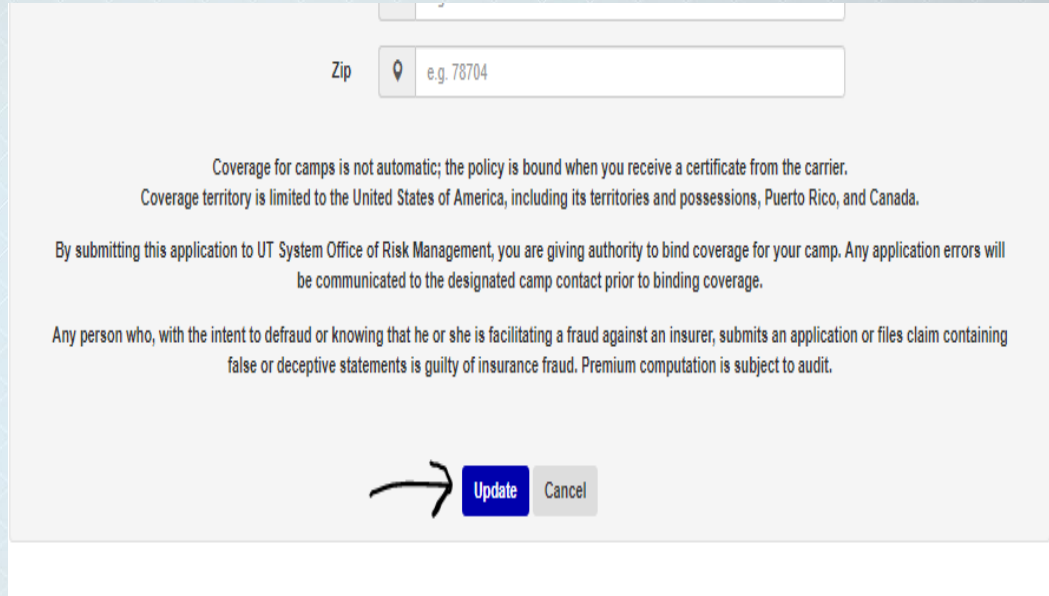
The screenshot shows the 'ORM CAMP PORTAL LIST' interface. At the top, there is the University of Texas System logo and the text 'THE UNIVERSITY of TEXAS SYSTEM THIRTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.'. Below this is a navigation bar with 'UT System' and 'Risk Management'. The main heading is 'ORM CAMP PORTAL LIST'. Below the heading, there are two instructions: 'Click on Camp Name to Update Application' and 'Click on Button to Add a New Camp Application'. A 'New Camp Application' button is visible. The main content is a table with the following columns: Camp Name, Camp Type, UT Institution, Effective Date, Expiration Date, Random Name, Submitted, and Click to Print. The table contains seven rows of camp data.

Camp Name	Camp Type	UT Institution	Effective Date	Expiration Date	Random Name	Submitted	Click to Print
<a href="#">Touring the Blanton Museum</a>	Educational	UT Institution	04/21/2023	04/23/2023	Random Name	02/27/2023	
<a href="#">Some new camp will go here</a>	Sports	UT Institution	02/17/2023	02/18/2023	Random Name	02/14/2023	
<a href="#">Dogs in Austin Texas</a>	Virtual	UT Institution	10/17/2022	10/19/2022	Random Name	11/11/2022	
<a href="#">Science of Science</a>	Educational	UT Institution	10/22/2022	10/24/2022	Random Name	10/20/2022	
<a href="#">Saxing 101</a>	Sports	UT Institution	10/20/2022	10/22/2022	Random Name	10/20/2022	
<a href="#">Bask Digging</a>	Sports	UT Institution	10/19/2022	10/21/2022	Random Name	10/19/2022	
<a href="#">Phising 101</a>	Educational	UT Institution	10/20/2022	10/21/2022	Random Name	10/19/2022	



# 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.




Zip

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.

 **ORMInfo@utsystem.edu**      **UTSYSCampForm\_UTSYSADM\_HowtoBakeAMAZINGDesserts - Updated**

or

 **ORMInfo@utsystem.edu**      **UTSYSCampForm\_UTSYSADM\_HowtoCleanTile - Cancelled**



# 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](mailto:tammy_westbrook@outlook.com)



# Proof of Coverage

## Certificate of Insurance Accord Form

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 this 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	CONTACT
	PHONE (A.C. No. Ext.)	FAX (A.C. No.)
INSURER	INSURER A:	INSURER(S) AFFORDING COVERAGE
	INSURER B:	INSURER(S) AFFORDING COVERAGE
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

TYPE	TYPE OF INSURANCE	AGREEMENT	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY		HD0L003700680	04/26/2022	04/26/2023	EACH OCCURRENCE \$
	CLAIMS-MADE OCCUR					TOWERS TO WENTZ PREMISES (EA OCCURRENCE) \$
						MED EXP (Per one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMPOP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] LOC [ ]					Participants Legal Liability COVERAGE (Per person) \$ 1,000,000.00
AUTOMOBILE LIABILITY	ANY AUTO					BOODY INJURY (Per person) \$
	ALL OWNED AUTOS	SCHEDULED AUTOS				BOODY INJURY (Per accident) \$
	HIRE/AUTOS	NON-SCHEDULED AUTOS				PROPERTY DAMAGE TO THE ASSURED \$
						AGGREGATE \$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE \$
		DED [ ] RETENTIONS [ ]				AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYEE LIABILITY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE (Necessity in this form, check for description of OPERATIONS below)	N/A				WC STATUTE [ ] CIVIL LIABILITY LIMITS [ ] E.E. EACH ACCIDENT \$
						E.E. DISEASE - EA EMPLOYEE \$
A	Sexual Abuse / Molestation		HD0L003700680	04/26/2022	04/26/2023	\$100,000.00 Per Occurrence \$200,000.00 Aggregate
B	Accident Medical		BAF476171	04/26/2022	04/26/2023	\$ 25,000.00 Maximum Medical Benefit \$ 0.00 Deductible

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

Includes: Tiorbone Workshop  
Dates: April 2, 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



# Example ACORD Form

Broker name and contact information →

The insured →

ACORD <sup>®</sup> CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 04/12/2023														
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).																
<b>PRODUCER</b> Southwest Special Risk Insurance 3116 West 5th Street, Suite 106 Fort Worth, TX 76107	<b>CONTACT NAME:</b> <b>PHONE (A/C, No., Ext.):</b> (817) 923-1111 <b>FAX (A/C, No.):</b> (817) 336-9967 <b>E-MAIL ADDRESS:</b>															
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: HDI Global Specialty SE</td> <td>086486</td> </tr> <tr> <td>INSURER B: Starr Indemnity &amp; Liability Company</td> <td>38318</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: HDI Global Specialty SE	086486	INSURER B: Starr Indemnity & Liability Company	38318	INSURER C:		INSURER D:		INSURER E:		INSURER F:		
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INSURER C:																
INSURER D:																
INSURER E:																
INSURER F:																
<b>INSURED</b> The University of Texas System Board of Regents 504 Lavaca Street Austin, TX 78701																
<b>COVERAGES:</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>														

↑  
 Carriers  
 General Liability  
 Excess Accident



# ACORD Form

## Coverage Information

COVERAGES		CERTIFICATE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSR	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		HDGL003700680	04/26/2022	04/26/2023	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COM/OP AGG \$ 1,000,000.00 Participants Legal Liability \$ 1,000,000.00
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

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





# Audit

## Southwest Special Risk Insurance

Southwest Special Risk will send audit form to the **Contact Name** via email from [Tammy\\_Westbrook@outlook.com](mailto:Tammy_Westbrook@outlook.com) 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 ([Tammy\\_westbrook@outlook.com](mailto:Tammy_westbrook@outlook.com))



# Audit Forms

Southwest Special Risk Insurance  
 3116 West 5<sup>th</sup> 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: \_\_\_\_\_

**Premium Rating Calculation:** (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 of coverage 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 5<sup>th</sup> 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: \_\_\_\_\_

**Premium Rating Calculation:** (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 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.



# Audit form

The form will be prepopulated with Camp information.

Note: This has been added

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# 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

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Classification of Camper	Number Eligible	Number of Days	Rate	Total Premium
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# Invoice

## Southwest Special Risk Insurance

An invoice for the premium (based on the Audit form) will be sent to the designated **Contact Name** from: [tammy\\_westbrook@outlook.com](mailto:tammy_westbrook@outlook.com)

Note: If audit form is not returned to SWSR in a timely manner SWSR will invoice from the initial application.



# Invoice

All invoices will include  
Necessary information to  
make payment  
Effective date and camp  
name

## Southwest Special Risk Insurance

3116 West 5<sup>th</sup> Street, Suite 106  
Fort Worth, Texas 76107  
Phone 817-923-1111  
Fax 817-336-9967

### Billing Address:

Amilcar Galindo  
University of Texas – Rio Grande Valley  
1201 W. University Drive  
Edinburg, TX 78539

## INVOICE

Invoice #220810-03

Billing Date: 08/10/2022

Date Due: Due Upon Receipt

PO Number: V000157806

Effective Date	Description	Total Premium	Deposit Paid
June 6, 2022	University Recreation Summer Youth Camp	\$1,010.54	\$0.00
<b>TOTAL DUE</b>			\$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 ([rmaldonado@utsystem.edu](mailto:rmaldonado@utsystem.edu))



# Example of what you can see via the RMIS.

## OFFICE OF RISK MANAGEMENT

### RISK MANAGEMENT INFORMATION SYSTEM (RMIS)

Home Camps

Home / Camps

#### Camp Insurance Applications

Hide search filters

Institution:

Starting On or After (optional):

Ending On or Before (optional):

Camp Name	Institution	Department	Submitted by	Date Submitted	Contact Name	Coverage Start	Coverage End
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.

**OFFICE OF RISK MANAGEMENT**  
**RISK MANAGEMENT INFORMATION SYSTEM (RMIS)**

[Home](#)   [Camps](#)

[Home / Camps](#)

**Camp Insurance Applications**

Hide search filters

Institution:

Starting On or After (optional):   
 Ending On or Before (optional):

Camp Name	Institution	Department	Submitted by	Date Submitted	Contact Name	Coverage Start	Coverage End
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
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# QUESTIONS?

