



University of California, Santa Barbara

# Request for Summer Programs Insurance

Excess Medical/Accident Insurance for Camp Participants

**INSTRUCTIONS**

Use the Request for Summer Programs Insurance form to request a premium quote for an excess medical/accident insurance policy for participants in summer camps and programs at UCSB sponsored by campus departments and other entities. Submit completed form to UCSB Risk Management.

**DEPARTMENT OR APPLICANT**

Date of Request: \_\_\_\_\_ Department or Applicant: \_\_\_\_\_

Dept. or Applicant Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Dept. Contact or Applicant: \_\_\_\_\_ Email: \_\_\_\_\_ Ph: \_\_\_\_\_

**CAMP OR PROGRAM INFORMATION**

Name of Camp or Program: \_\_\_\_\_

<u>SESSION</u>	<u>START DATE</u>	<u>END DATE</u>	<u>NO. OF PARTICIPANTS</u>	<u>PARTICIPANT AGE RANGE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe camp or program activities:

Name all University & off-campus facilities (if any) where camp or program will be held:

Will this be a residential program or will participants go home everyday (describe):

**DESCRIPTION OF EXCESS MEDICAL/ACCIDENT COVERAGE**

Coverage is excess to any other policy providing medical/accident coverage to camp or program participant (Children's Center has different limits):

Accident Medical Coverage:	\$5,000 maximum amount
Aggregate Limit:	\$250,000
Accidental Death & Dismemberment:	\$5,000 maximum amount
Dental:	\$250 per tooth maximum amount
Sickness:	\$0
Deductible:	\$0

**PROCESSING REQUEST & PAYING FOR INSURANCE**

- 1) Submit completed Request for Summer Programs Insurance to UCSB Risk Management.
- 2) UCSB Risk Management will review and then fax Request to AON Consulting.
- 3) AON Consulting will quote premium to Department or other applicant via email (please provide your email address above).
- 4) Department or other applicant must respond by email that they accept or do not accept the quote.
- 5) If Department or other applicant accepts quote, AON Consulting will bind coverage and issue policy.
- 6) AON Consulting will submit invoice to department or other applicant (please provide complete address above).
- 7) Department or applicant must pay AON Consulting invoice(s) within 10 days of receipt. Mail check to:

AON Consulting  
199 Fremont St. 14th floor  
San Francisco, CA 94105  
Ph: (415) 486-7705 / Fax: (415) 486-7026

*(If department or other applicant fails to pay invoice in a timely manner, AON Consulting will refuse to process future requests without payment in advance. Under Department (above) fill in COMPLETE address so that AON knows where to send the insurance policy and the invoice).*