

Eastern Oregon University "Special Events" Insurance Request Form

Campers Accidental Death and Dismemberment and Accident and Sickness Expense insurance (commonly referred to as "Day Camp" insurance) can be purchased to protect non-EOU employees and non-EOU students while participating in **EOU-sponsored** activities and programs.

Coverage is generally limited to medical expense for accidental injury and accidental death and dismemberment coverage. Departments are billed from office of Risk Management.

In order to have your event(s) covered, the requesting department must complete the following section and send it to EOU's Risk Coordinator at least two (2) weeks in advance of the event(s).

1. Is this an EOU-sponsored event?

2. Name of department sponsoring event:

3. Name, title and phone extension of person coordinating event:

4. Type of event:

5. Date of event (from-to):

6. Location of event:

(If on campus, provide the building name; if off campus, provide the building name and address or location)

7. Estimated number of participants:

8. Actual number of participants:

(Please follow-up with Risk Management when the event is over; the charge will be based on actual participants)

9. **Index to bill:**

Cost is quoted on the basis of cost/participant/week, and whether the event is a **day camp** experience (\$1.78 per camper) or requires **overnight** stay (\$2.78 per camper). Rates may increase based on the duration of the event. Current insurance rates are attached for reference. Please contact Risk Management at 541.962.3773 with any questions.

Report all injuries/incidents to EOU Risk Management as soon as possible.

RETURN THIS FORM TO:
Teresa Carson-Mastrude
Inlow Hall 202A
tcarson@eou.edu
541.962.3773

Insurance Carrier: QBE Insurance Corp
Accidental Medical Maximum: \$25,000
Sickness Maximum: \$1,000 Emergency Benefit
Deductible: \$0 per accident, \$250 per sickness (overnight only)

Premium Quotation

Carrier Name: QBE Insurance Corporation
2016 Rates

Camp Participant Accident Medical Insurance \$25,000 Maximum per Injury

Camp Length	2016 Premium Rate per Camper Day Camps	2016 Premium Rate per Camper Overnight Camps
Up to 2 weeks	\$1.78	\$2.78
2 – 4 weeks	\$2.95	\$4.45
4 – 6 weeks	\$4.43	\$6.93
6 - 8 weeks	\$6.50	\$10.00
2 months, but less than 6 months	\$9.21	\$17.21
6 months, but less than 1 year	\$18.21	\$37.21

Minimum and Deposit Premium subject to year-end audit: \$7,500

NOTE: The information contained in this proposal is only an outline of the benefits offered. It is NOT a complete explanation of the policy provisions or specifics of the policy benefits. No coverage is extended via this proposal and no representations are made other than what is stated in the policy. To review a complete description of the program coverage, exclusions, and benefits, please contact us for a specimen copy of the policy.