

Texas Tech University System Camp and Conference
Non-sports and Sport Camps
insurance application

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: _____ Street _____ City _____ State _____ Zip _____
E-Mail Address: _____

5. Phone Number: _____ Age Range of Campers: _____

6. Effective Date of Coverage: _____ Termination of Coverage: _____

7. Description of Camp Activities: _____

8. Will you have overnight campers that are minors? Yes No If yes -s lf92 (:)JTJ E(-s)-3(t)7 0 612 866 (es)-

- 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 (Ice Hockey, Lacrosse, Rugby and Tackle Football Camps will need to be reviewed before binding coverage.)

Premium Calculation: Final premium is subject to audit and will be adjusted upon conclusion