

WESTERN OREGON UNIVERSITY

“SPECIAL EVENTS” INSURANCE REQUEST FORM CAMPS/CLINICS

Campers Accidental Death and Dismemberment and Accident and Sickness Expense Insurance (commonly referred to as “Camps and Clinics” insurance can be purchased to protect non-WOU employees and non-WOU students while participating in WOU-sponsored activities and programs.

Coverage is generally limited to medical expense for accidental injury and accidental death and dismemberment coverage. Departments are billed from WOU’s Office of General Counsel.

In order to have your event(s) covered, the requesting department must complete the following section and send it to WOU’s Office of General Counsel at least two (2) weeks in advance of the event(s).

1. Is this a WOU-sponsored event? Yes: No:
2. Name of WOU department sponsoring event:
3. Name, title and phone number of person coordinating event:
4. Type/description of event:
5. Date of event: Start End
6. Location of event:
(If on campus, please provide the building name; if off campus, provide the building name and address or location)
7. Is this a “day camp” or “overnight camp”?
8. Estimated number of participants:
9. Actual number of participants. (please follow-up with the Office of General Counsel/Karen Sloan when the event is over; the charge will be based on actual participants)
10. Banner Index to bill that will be used to bill the insurance expense:

Cost is quoted on the basis of cost/participant/week, and whether the event is a day camp experience (\$178 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 WOU’s Office of General Counsel with any questions.

Report all injuries to WOU Office of General Counsel as soon as possible.

Return this form to: Karen Sloan, 311 Lieuallen, email: sloank@wou.edu; phone 838-9471

Insurance Carrier: QBE Insurance Corporation

Accidental Medical Maximum: \$25,000

Sickness Maximum: \$1,000 Emergency Benefit

Deductible: \$0 per accident, \$250 per sickness (overnight only)

Camps and Clinics Insurance Premium Costs

Youth Program Length	Rate Per Camper: Day Program	Rate Per Camper: Overnight Program	Rate Per Camper: Virtual Day Camp
Up to 2 Weeks	\$1.78	\$2.78	\$1.60
2 - 4 Weeks	\$2.95	\$4.45	\$2.66
4 - 6 Weeks	\$4.43	\$6.93	\$3.99
6 - 8 Weeks	\$6.50	\$10.00	\$5.85
2 Months, but <6 months	\$9.21	\$17.21	\$8.29
6 months, but <1 year	\$18.21	\$37.21	\$16.39