

MEMORANDUM

TO: East Carolina University Sponsored Camp Coordinators/Directors

FROM: Jay Surles
Risk Management & Insurance

SUBJECT: ECU Sponsored Camps/Programs Accident Insurance

It is time to report your University sponsored camps/programs accident insurance coverage needs. University sponsored camp/program contacts and directors are reminded that camp/program participants must provide proof of medical insurance or the camp/program must opt for this accident insurance coverage.

To purchase accident coverage for an ECU sponsored camp/program, please return this memo with the attached Insurance participation form at your earliest convenience to bind coverage.

Each camp/program electing coverage will be charged based on the actual number of participants. The cost of coverage per participant depends on the type of camp and ranges between \$1.42 and \$5.51 per participant. If you choose coverage for your volunteers, the cost is \$3.83 per volunteer. Paid staff are NOT eligible for this coverage.

Immediately following each camp/program's completion, please forward a final count for the actual number of participants that attended your camp. Each camp/program will then be charged a premium based on the actual number of participants in attendance.

I appreciate your assistance. If you have any questions, please contact me.

***ECU Sponsored Camps/Programs
Accident Insurance Participation Form***

If you have more than one camp/program, or more than one session of a camp/program, please complete a form for each camp session or program separately.

Camp/Program Name:

Camp/Program Director & Phone Number:

Camp/Program Dates: _____

Anticipated Number of Participants: _____

Anticipated Number of Volunteers at \$3.83 per volunteer: (paid staff are NOT eligible for this coverage): _____

FOAPA Number (Account Number) to charge Insurance premium:

Name of Person providing this information and phone number:

Confirmation of participant coverage, insurance claim forms and instructions will be forwarded to the camp/program contact upon completion and return of this form to insurance@ecu.edu .