

## Excess Accident Medical Insurance Request

Please complete all fields and email or fax the request to the CampusConnexions service center.

Phone: 866-838-9536

Fax: 515-365-3005

E-mail: [plsdsteam.service@amba.info](mailto:plsdsteam.service@amba.info)

### Complete One Request for Each Activity/Event/Camp or Cabin Rental

**Activity/Event/Camp Eligibility Guidelines:**

- 1) The Activity/Event/Camp must be sponsored by the University and supervised by University personnel. Essentially, a University department must take responsibility for the organization, hosting, and (usually) funding of the activity.
- 2) The Activity/Event/Camp must be one of the following: summer camp, sports activity (including use of the archery and/or shooting range(s) at any 4-H Camp by individuals renting Cabins), field trip, activity involving participants under age 18, or an activity involving more risk than would typically be expected in an academic learning setting (i.e. rock climbing, snow skiing, workshops with power tools, youth livestock show).
- 3) **Ineligible Activities/Events/Camps:**
  - a. University of Kentucky Athletics Department Activity/Camp insurance is separate from this policy.
  - b. Student organization activities.
  - c. Activities held on University property but operated by an outside organization (*TULIP (event liability insurance) coverage is offered by the University for events held by third party renters of University property*).

**Is the Activity/Camp eligible for this insurance?**     Yes     No

*(To determine eligibility, review the [Activity/Event/Camp Eligibility Guidelines](#) above.)*

## Section 1: University of Kentucky Sponsored Activities/ Events/Camps (4-H Clubs and non-4-H)

*(Families/Individuals who are Renting Cabins at one of the four University owned 4-H Camps with use of archery/shooting ranges, only complete Section 2, then sign and date the final page.)*

**Activity/Event/Camp Information**

Name of Activity/Event/Camp: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Total Number of Activity/Event/Camp Days (*# of Weeks if Tackle Football only*): \_\_\_\_\_

Start Date and End Date of Activity/Event/Camp: \_\_\_\_\_

Select **one** type of Activity/Event/Camp below:

- 4-H Activity/Camp (*Select one option below*)
  - 4-H Overnight Camp       4-H Day Camp
- 4-H Sports Camps/Activities (*Select one option below*)
  - Tackle football       Excluding Tackle Football
- Field Trip
- Non-Sports Activity/Event/Camp

## Excess Accident Medical Insurance Request

Description of Activity/Event/Camp (include all activity/event/camp dates here): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Activity/Event/Camp Location

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

### Applicant Information

Applicant Name: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

### Department Information

*(This application is not for use by the Athletics Dept. which has a separate policy.)*

Department Name: \_\_\_\_\_

Building/Room: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

## Section 2: Cabin Renters (at 4-H Camps)

*(University of Kentucky Sponsored Club Activities/Events/Camps (4-H Clubs and non-4-H), only complete questions in Section 1 for your activity/event/camp, then sign and date the final page.)*

**Applicant Name** *(name and address desired on the Certificate of Insurance):*

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Contact Person:**

Name \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Website: \_\_\_\_\_

## Excess Accident Medical Insurance Request

Select one 4-H Camp Location (4-H Cabin Rentals only).

JM Feltner Memorial 4-H Camp

Lake Cumberland 4-H Camping Center

North Central 4-H Camp

West Kentucky 4-H Camp

Cabin Rental Start Date and End Date: \_\_\_\_\_

Is anyone in your group/party using the archery and/or shooting range(s)? Yes  No

Total number of Individuals in your group/party using the archery and/or shooting range(s):  
*(Include individuals from all cabins for your immediate family, including minors)* \_\_\_\_\_

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Your signature below certifies that the Activity/Event/Camp described on this request meets the University of Kentucky's conditions for Excess Accident Medical Insurance and, therefore, is eligible to be insured by the University's Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CampusConnexions Program Administrator:**

Association Member Benefits Advisors LLC (AMBA)

P.O. Box 14521

Des Moines, IA 50306

In CA d/b/a Association Member Benefits & Insurance Agency  
CA Insurance License #0196562