CampusConnexions
Your connection to custom insurance solutions.

Excess Accident Medical Insurance Request

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

Phone: 866-838-9536 **E-mail: plsdsteam.service@getamba.com**

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, 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) _____

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 #0I96562