

The Texas A&M University System Special Event Application

Program Name: _____
System Member: _____ Department: _____
Coordinator: _____ Title: _____
Phone Number: _____ Fax Number: _____
Email Address: _____ Website: _____

INFORMATION FOR INSURANCE

PLEASE ATTACH ADDITIONAL PAGES IF NEEDED

REQUESTED COVERAGE	00/00/00 Start Date	00/00/00 End Date	Total # of Days	Estimated # of Participants (including Counselors)	Premium (Est. # of Participants X # of Days) X \$0.36 Non Sports \$1.35 Sports)
Program Dates:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Ages of Participants: _____

Type of Event
 Overnight Day

Location of Program: _____
(Campus, resort, civic center, etc.)

Brief Description of Program: _____

Please make sure that your list of activities includes **ANY AND ALL FREE TIME** activities scheduled
(PLEASE ATTACH ADDITIONAL PAGES IF NEEDED).

List of Activities: _____

Certificate of Insurance Needed? (Check & Provide Name & Address for Certificate)

AUTHORIZATIONS: My signature acknowledges request for enrollment in the specified insurance coverage.

Signature of Department Head or Liaison

Date

Please provide a copy of your **itinerary and brochure** (if applicable) with the application

RETURN COMPLETED APPLICATION TO SYSTEM RISK MANAGEMENT FOR FURTHER HANDLING

The Texas A&M University System
System Risk Management
Campus Mail 1262
rms-insurance@tamus.edu

301 Tarrow St., 5th Floor
College Station, Texas 77840
(979) 458-6330 (979) 458-6247 Fax
rms-insurance@tamus.edu