

Overview

What is Camp Insurance and Why Do We Need It?

Primary vs Secondary Coverage

Covered Persons

Covered Activities

Schedule Of Covered Losses

Claims and Incident Reporting

Questions

UF General Liability Insurance

What is covered?

- Injury, death, or loss of property caused by the negligence of **employees** and **volunteers** while acting within the course and scope of their employment or responsibilities.
- Includes premises and operations, personal injury and professional liability:
- Premises and operations: liability for injury or damage arising out of the insured's premises or out of the insured's business operations.
- **Personal injury**: Libel, slander, defamation, invasion of privacy.
- Professional liability: protects traditional professionals (e.g., accountants, attorneys) and quasi-professionals (e.g., real estate brokers, consultants) against liability incurred as a result of errors and omissions in performing their professional services. (Physician liability is excluded and covered by the SIP).
- Limits: \$200,000 per person's claim, \$300,000 for all claims arising from a single incident. Claims bill.

UF General Liability Insurance

UF does not carry supplemental Abuse/Molestation insurance coverage. While there is no specific exclusion in our general liability coverage, the following exclusions may apply:

- Punitive damages
- Actions of employees/volunteers committed in bad faith or with malicious purpose or in a manner exhibiting wanton and willful disregard of human rights and safety.
- Criminal actions outside the scope of employment

General risk management

Do you have a Memorandum of Understanding (MOU)? Physical damage/ bodily injury caused by campers

Waiver from parent/guardian

Potential coverage gaps

- Sickness of student/participant
- Actions of non-employees/volunteers
- Damage caused by students, participants or other third parties

What is Camp Insurance? & Why Do We Need It?

Blanket Accident (Camp) Insurance insurance provides coverage for participants attending a camp or school, including sports activities, administered by the university. The insurance covers medical expenses associated with an accident or sickness as a result of a covered activity (activity sponsored or supervised by the university).



Coverage provides an extra benefit to participants AND greatly reduces the risk of the university's liability and exposure to injury and lawsuits, which can cost extra time and money. The university hosts a variety of academic, recreational, and service programs that engage non-enrolled individuals. All programs vary significantly, and UF is committed to providing a safe and healthy environment for all programs associated with the university.

Questions to ask to see if you need camp coverage:



University-Sponsored Event. Any event that is held either on campus or at an off-site venue that is sponsored, co-sponsored, and / or funded by the university. University-sponsored events exclude those hosted at a personal residence not owned by the University of Florida.

Primary vs Excess Accident Medical

Accident coverage can be written on excess or primary bases.

Primary accident coverage would pay claims first, regardless of primary care.

Excess coverage means policy is secondary to an injured party's primary <u>health insurance</u>. Policy will not cover primary insurance deductibles, co-pays, program limits, or out of network care. If injured party does not have primary care, **excess** coverage becomes primary.

Covered Persons

Description of Class

All participants and volunteers of the Policyholder who have elected and paid the required premium for Option 1. (Primary Coverage)

All participants and volunteers of the Policyholder who have elected and paid the required premium for Option 2. (Full Excess Coverage)

All participants and volunteers of the Policyholder who have elected and paid the required premium for Option 2. (Primary Coverage) Includes Sickness Coverage.

All participants and volunteers of the Policyholder who have elected and paid the required premium for Option 4. (Full Excess Coverage) Includes Sickness Coverage.

Eligible Class(es) Of Covered Persons

Class 1

Class 2

Class 3

Class 4

Covered Activities

Class 1, Class 2, Class 3 and Class 4

Non-Sports Camps include those camps that do not offer any of the Sponsored Activities to the right ->

Non-sports camps that have access to a sporting area and campers are allowed to play in this area, will need to be rated as a sports camp. **Sports Coverage** - While participating in scheduled, sponsored, and supervised day and overnight camp activities of the Policyholder, including direct sponsored field trips and travel to and from such trips.

Sports Camps include those camps with the following sponsored Activities: Archery, Badminton, Baseball, Basketball, Boating, Bowling, Boxing, Canoeing, Cave Exploration, Cheerleading, Climbing, Dance, Diving, Dodge Ball, Fencing, Field Hockey, Fishing, Flag Football, Football, Go Karts, Golf, Gymnastics, Handball, Hiking, Hockey, Hunting, In-Line Skating, Kayaking, Kickboxing, Lacrosse, Martial Arts, Polo, Rifle, Rodeo, Roller Derby, Ropes Courses, Rowing, Rugby, Skateboard, Skiing, Snorkeling, Snow Boarding, Soccer, Softball, Swimming, T-Ball, Tennis, Touch Football, Tough Man, Track, Tractor Pulls, Volleyball, Weightlifting, Wrestling as well as a sponsored/supervised recess period that includes any athletic activity using sports equipment.

Rate Table 2023-2024

INSURANCE FOR STUDENT'S RATES per person per day/night						
MARCH 15, 2023 - MARCH 14, 2024, 11:59 p.m.						
OPTION 1: Primary (no sickness) Per Person per Day/Night Rate (Non-Sports): \$0.10 / pp per day/night	\$	0.10				
OPTION 1: Primary (no sickness) Per Person per Day/Night Rate (Sports): \$0.18 / pp per day/night	\$	0.18				
OPTION 1: Primary (no sickness) Rate Per Student at Year-Round School: \$3.82 Annually	\$	3.82				
OPTION 2: Full Excess (no sickness) Per Person per Day/Night Rate (Non-Sports): \$0.07 / pp per day/night	\$	0.07				
OPTION 2: Full Excess (no sickness) Per Person per Day/Night Rate (Sports): \$0.11 / pp per day/night	\$	0.11				
OPTION 2: Full Excess (no sickness) Rate Per Student at Year-Round School: \$1.63 Annually	\$	1.63				
OPTION 3: Primary with Sickness Per Person per Day/Night Rate (Non-Sports): \$0.22 / pp per day/night	\$	0.22				
OPTION 3: Primary with Sickness Per Person per Day/Night Rate (Sports): \$0.35/ pp per day/night	\$	0.35				
OPTION 3: Primary with Sickness Rate Per Student at Year-Round School: \$5.45 Annually	\$	5.45				
OPTION 4: Full Excess with Sickness Per Person per Day/Night Rate (Non-Sports): \$0.09 / pp per day/night	\$	0.09				
OPTION 4: Full Excess with Sickness Per Person per Day/Night Rate (Sports): \$0.15 / pp per day/night	\$	0.15				
OPTION 4: Full Excess with Sickness Rate Per Student at Year-Round School: \$3.11 Annually	\$	3.11				

Benefits

POLICY AGGREGATE MAXIMUM

- Policy Aggregate Maximum (Applies to All Conditions of Coverage) Unlimited
- Policy aggregate maximum specified above will be paid for all covered losses, covered injuries, covered expenses as the result of any one covered accident.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

- Principal Sum Maximum Amount
- Accidental Death \$15,000
- Accidental Dismemberment \$15,000

Loss must occur within 365 days of the covered accident.

Accidental Death and Dismemberment Aggregate Limit \$1,000,000

SCHEDULE OF COVERED LOSSES

Loss of Life - Principal Sum	Loss of Both Hands or Both Feet - Principal Sum	Loss of One Hand and One Foot - Principal Sum	Loss of Sight of Both Eyes - Principal Sum	Loss of One Hand or foot and Sight of One Eye - 50% of Principal Sum
Loss of One Hand or One Foot - 50% of Principal Sum	Loss of Thumb and Index Finger of the Same Hand - 50% of Principal Sum	Loss of all Four Fingers of the Same Hand - 50% of Principal Sum	Loss of all the Toes of the Same Foot - 50% of Principal Sum	Loss of Thumb - 25% of Principal Sum
Loss of Sight in One Eye - 50% of the Principal Sum	Loss of Speech and Hearing (in both ears) - Principal Sum	Loss of Hearing (in both ears) - Principal Sum	Loss of Speech - 50% of the Principal Sum	Loss of Hearing in one ear - 50% of the Principal Sum
		Exposure and Disappearance - Principal Sum		

Requesting Coverage/Enrollment								
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1	II	<i>III</i>	IV	V	VI	VII	VIII	VIIII
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Date of Submission (must be PRIOR to camp start date)	Name of Camp	Name of State Agency or SUS University	PLAN OPTION (Click on dropdown arrow	# Participants	Reserve Right to Adjust #'s (Yes / No)	Camp Start Date (mm/dd/yyyy)	Camp End Date (mm/dd/yyyy)	# Days
(must be PRIOR to camp	Name of Camp	Agency or SUS		# Participants				# Days
(must be PRIOR to camp	Name of Camp	Agency or SUS		# Participants				# Days

STEP 1: Please fill out all fields on form PRIOR to start date of camp. You may use this form for single or multiple camps. If reporting more than one camp on single form, you must include a separate row for each camp.

NOTE: TO RESERVE RIGHT TO ADJUST FINAL NUMBERS ON FIRST DAY OF CAMP - NOTATE YES / NO in Column VI

Once you have input all the desired camps, delete the unused rows and the total premium due for those camps listed will be auto calculated.

- STEP 2: E-mail completed form to Insurance for Students email: flcamps@insuranceforstudents.com ebrewer@ehs.ufl.edu
- STEP 3: If you have any questions or concerns regarding the insurance, please email <u>ebrewer@ehs.ufl.edu</u>

Requesting Coverage/Enrollment



- At the end of each quarter EH&S will submit the list of all camps conducted during the previous quarter to <u>flcamps@insuranceforstudents.com</u> and copy <u>Jill.Soderberg@dms.fl.gov</u> for invoicing.
 - Quarter 1 March 15 to June 14, 2023
 - Quarter 2 June 15 to September 14, 2023
 - Quarter 3 September 15 to December 14, 2023
 - Quarter 4 December 15 to March 14, 2024
 - Insurance for Students will invoice UF for the previous quarter for all camps conducted during that quarter.

Claims and Incident Reporting

Should an incident occur that requires use of camp insurance, contact EH&S immediately (no more than 5 days after the incident).

For camps registered with the minors, Youth Compliance should also be notified.

The program will need to provide the following as it relates to the incident:

- •Location
- •Date
- •Time
- Parties involved
- •Description of incident.

EH&S will help you complete the claim form and to submit the claim to the insurer.

Contacts

UF

Erin Brewerebrewer@ehs.ufl.eduBrian Huntbhunt@ehs.ufl.edu

State DMS

Jill Soderberg jill.soderberg@dms.fl.gov

Insurance For Students

Craig Bode <u>flcamps@insuranceforstudents.com</u>

More information

https://www.dms.myflorida.com/business_operations/state_ purchasing/insurance_contracts/accident_and_sickness_insu rance_camp_and_school



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Business Operations	Workforce Operations	Agency Administration	Other Programs	About Us	Opportunities at DMS		
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State Purchasing	Accident	and Sickness Insu	rance (Camp and	l School)			
Executed Agency ACS Requests	participant, or st	This insurance contract provides accident and sickness benefits for all participants and volunteer members enrolled as a camper, participant, or student in a state sponsored and supervised camp or school for which a plan has been selected and a premium has been paid; sports and non-sports coverage is available. This overview is provided for informational purposes only; please refer to					
State Contracts and Agreements	the insurance co	ontract documents for specific	coverage details.				

