To be completed & sent to Risk Management (speterson@uncc.edu) along with roster BEFORE trip.

Departure Date: 

Return Date: 

Place Visited: 

Where Located: 

Purpose of Trip: 

Sponsor Org: 

Course Number/Description: 

Anticipated Attendance:       Students       Staff       Visitors

Do you want accident insurance?   Yes       No

FUND NUMBER FOR PREMIUM CHARGE:

Insurance premium for this trip will be allocated to your department after the end of the policy year each November 1st. Please provide the fund number to which we should charge the premium.

Signatures:

Supervising Faculty Member

Print Name

Phone Number

Department Chairperson

Print Name

Phone Number

ATTACH ROSTER

Please return completed form to Risk Management, FM/PPS Building or to speterson@uncc.edu.
Office of Risk Management
FIELD TRIP REPORT
Revised by Risk Management October, 2014

To be completed & sent to Risk Management (speterson@uncc.edu) along with roster **AFTER** trip.

<table>
<thead>
<tr>
<th>Department Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return Date:</td>
</tr>
<tr>
<td>Place Visited:</td>
</tr>
<tr>
<td>Where Located:</td>
</tr>
<tr>
<td>Purpose of Trip:</td>
</tr>
<tr>
<td>Sponsor Org:</td>
</tr>
<tr>
<td>Course Number/Description:</td>
</tr>
</tbody>
</table>

*Actual Attendance:*

| Students | Staff | Visitors |

*Premium will be charged after the trips are audited at the expiration of the policy each November 1st.*

**FUND NUMBER FOR PREMIUM CHARGE:**

| Supervising Faculty Member | Print Name | Phone Number |

**Budget Administrator** for fund allocation advice.

| Name | Phone Extension | Email Address |

**ATTACH ROSTER!!!**

*Please return completed form to Risk Management, FM/PPS Building or to speterson@uncc.edu.*
This is a brief summary - a complete description of coverage terms and conditions can only be found in policy.

**Policy Holder:** UNC Charlotte

**Insured Definition:** The Policyholder's registered members and chaperones:
- a. Who are participating in the covered trip; and
- b. Who are submitted on a roster.
- c. And for whom premium is paid.

**Coverage for:** Bodily Injury of an insured person which results directly and independently of all other causes from an accident which occurs while he or she is participating in a covered activity. Report of trip must be received in Risk Management prior to trip.

**Benefits:**
- Accidental Death: $10,000
- Accidental Dismemberment: $10,000
- Accident Medical Expense: $5,000
- Deductible Amount: $0
- Maximum Dental Limit: $250

**Key Exclusions:**
- Sickness or Disease
- Hernia
- Intentional self-inflicted injury, suicide or attempted suicide.
- War
- Injury sustained while in or on any aircraft.
- Athletic activities.