



UNC CHARLOTTE
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 **BEFORE** trip.

Departure Date:

Return Date:

Place Visited:

Where Located:

Purpose of Trip:

Sponsor Org:

Course Number/Description:

Anticipated Attendance:

	Students		Staff		Visitors
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Do you want accident insurance?

	Yes
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	No
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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.



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FIELD TRIP REPORT

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

Departure Date:

Return Date:

Place Visited:

Where Located:

Purpose of Trip:

Sponsor Org:

Course Number/Description:

*Actual Attendance:	<input type="text"/>	Students	<input type="text"/>	Staff	<input type="text"/>	Visitors
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*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
<input type="text"/>	<input type="text"/>	<input type="text"/>

BUDGET ADMINISTRATOR for fund allocation advice.		
Name	<input type="text"/>	
Phone Extension	Email Address	

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UNC CHARLOTTE

Tripster AD&D Policy (for Field Trips)

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.