

## Instructions for Completing a Special Markets Blanket Insurance Form (T-9)

A student insurance form (T9) must be completed for each student-related trip and included in the student travel packet. The form must be **typed** and must contain complete and accurate information.

1. Enter the name of the department, trip name, activity, and location (must match all other coinciding travel documentation). (Example: EMSS, National Cowboy & Western Heritage Museum, OKC, OK). You may have to use more than one line to include all of the necessary information. Please include one trip per form only.
2. Enter the date of departure. (Example: 7/12/2021)
3. Enter the date of return. (Example: 7/15/2021)
4. Enter the number of days the trip is planned. (Using the Examples in #3 and #4, the number of days would be 4 days.)
5. Enter the total number of students planning to travel.
6. Enter the rate per student per day. The appropriate rate is listed at the top of the document.
7. Enter the total amount for the premium due for this particular trip. This column automatically calculates depending on the information you enter in columns 2 through 6. (Example: If there are 20 students traveling for 2 days and the regular rate is \$.83, the total rate would be \$33.20.)
8. Enter the total number of days for the trip.
9. Enter the total number of students traveling.
10. Enter the rate for the trip. This should only read the current rate listed as the rate per day.
11. Enter the total premium due.

If the traveling group participates in other activities related to Adventure Sports, Snow Sports, or Work Activities, please check with the Office of the Dean of Students to ensure your activity is covered under one of those categories. If the activity is approved, enter the appropriate rate per person per day listed for that type of activity and complete the additional information required for each section.

12. Enter the grand total number of days from the sub-total of each section.
13. Enter the grand total number of student travelers from the sub-total of each section.
14. Enter the grand total rate from the sub-total of each section.
15. Enter the grand total of each section's subtotals. This grand total is what will be due for payment.
16. The Office of the Dean of Students will complete this section.
17. The Office of the Dean of Students will complete this section.
18. If you have any special remarks you want SPIC to be aware of, enter those remarks here.
19. The authorized individual of the department or organization will sign here.
20. The authorized individual of the department or organization will enter the date here.
21. Enter the phone number of the department submitting the form.

The address, city, state and zip code is already be entered.



Blanket Tour Audit Form

An Amwins Company

Policyholder Name: Cameron University Student Services Policy No: SR2014OK-P-057636-22

Rate per day: \$0.83

Adventure Sports Rate: \$0.75

Snow Sports Rate: \$1.00

Work Activities Rate: \$1.00

- Please note that the Adventure Sports, Snow Sports and Work Activities rates are in addition to the Rate per Person per Day base rate. These are additional coverages.

This report must be completed each trip showing the specific dates for each trip. The completed report and premium must then be submitted to: Special Markets Insurance Consultants, Inc., Attn: Renewal Department, 1055 Main Street, Suite 101, Stevens Point, WI 54481

DESTINATION RESTRICTIONS - TRAVEL TO SOME FOREIGN COUNTRIES CANNOT BE COVERED UNDER THE POLICY. PLEASE CONTACT 800-727-7642 TWO (2) WEEKS PRIOR TO YOUR DEPARTURE TO CONFIRM COVERAGE IS AVAILABLE.

The rate is computed for each calendar day. Example shown below in last row. (1) x (2) x (3) = (4)

Table with columns: Department Name, Description of Activity, City, State, and Country; Begin Date; End Date; No. of Days; No. of Persons; Rate per Person per Day; Premium Due. Includes sections for Adventure Sports, Snow Sports, and Work Activities.

The amount of deposit premium submitted with the original application was (Excluding \$35.00 Policy Fee) \$ 16

Adjustment of deposit premium: Additional payment enclosed: \$ 17

Remarks: 18

I hereby certify that the above report is true and correct.

Signature of Authorized Representative: 2800 W Gore Blvd. Street Address

Date: Lawton OK 73505 Phone Number