

CU Cooperative Extension Services Insurance

<http://www.clemson.edu/administration/risk/accident-insurance/enrollment-request-form-cu-coop.html>

This Accident Insurance is for Clemson University Cooperative Extension Services Only.

This policy is through Berkley Life and Health Insurance Company. Please direct questions regarding Cooperative Extension Accident Insurance coverage to Clemson University Risk Management, E-306 Martin Hall, Clemson, SC 29634-5339, 864-656-3365.

There is NO charge to individual groups for this coverage. This is a blanket policy and is pre-paid by Extension Services. However, all activities are required to be reported through the "Enrollment Request form for CU Cooperative Extension Accident Insurance" in order to be covered by this policy.

Coverage:

Maximum Benefit for Accident Medical: \$25,000. Maximum Benefit for Sickness: \$5,000.

Dental (sound natural teeth): \$250. Per tooth per Covered Accident

Accidental Death & Dismemberment Benefits Benefit Maximum: \$100,000. Deductible: \$0

Coverage applies while participating in CU Extension supervised and sponsored activities.

* Required Department: *

Select the county in which your group operates

Administrator of Activity*:

Chaperone – your name

Number of Participants*:

Number of members in club

Effective Date of Activity: *

First meeting date

Termination Date of Activity: *

Last meeting of your year

Number of days: *

How many days out of the range given above, you will meet for meetings and special activities or service projects.

Age Group: *

Description of Activity: *

Club meetings and events

Location of Activity: *

Where the club meets

Type of Travel: * If no transportation is being provided, please enter N/A

n/a

E-mail Confirmation Address: *

Your email address