

# The Texas A&M University System Special Event Application

Program Name:		
System Member:		Department:
Coordinator:		Title:
Phone Number:		Fax Number:
Email Address:		Website:

## INFORMATION FOR INSURANCE

**PLEASE ATTACH ADDITIONAL PAGES IF NEEDED**

### REQUESTED COVERAGE

00/00/00  
Start Date

00/00/00  
End Date

Total # of  
Days

Estimated # of  
Participants  
(including  
Counselors)

Premium (Est. # of  
Participants X # of  
Days ) X \$0.40 Non  
Sports \$1.37 Sports)

Program Dates:


Ages of Participants:

Type of Event

☐

Overnight

☐

Day

Location of Program:

(Campus, resort, civic center, etc.)

Brief Description of Program:

Please make sure that your list of activities includes **ANY AND ALL FREE TIME** activities scheduled  
(PLEASE ATTACH ADDITIONAL PAGES IF NEEDED).

List of Activities:

Certificate of Insurance Needed? (Check & Provide Name & Address for Certificate)

☐

**AUTHORIZATIONS:** My signature acknowledges request for enrollment in the specified insurance coverage.

Signature of Department Head or Liaison

Date

Please provide a copy of your **itinerary and brochure** (if applicable) with the application

**RETURN COMPLETED APPLICATION TO SYSTEM RISK MANAGEMENT FOR FURTHER HANDLING**

The Texas A&M University System  
System Risk Management  
Campus Mail 1262  
[rms-insurance@tamus.edu](mailto:rms-insurance@tamus.edu)



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[rms-insurance@tamus.edu](mailto:rms-insurance@tamus.edu)