



LIABILITY INSURANCE FORM

School of Health and Human Performance
Department of Recreation, Tourism, and Hospitality Management

**DEPARTMENT OF RECREATION, TOURISM, AND HOSPITALITY MANAGEMENT
GENERAL AND PROFESSIONAL LIABILITY INSURANCE APPLICATION
FALL ____ SPRING ____ SUMMER ____ PRACTICUM AND INTERNSHIP
(Specify the Semester and Year)**

The University Student Intern Insurance Program provides coverage for an insured party that becomes legally liable to pay damages because of property damage, bodily injury, or personal injury because of their participation in a university internship program to which the policy applies. This insurance will also pay those sums, which an insured party becomes legally obligated because of any act, error, or omission in the rendering of or failure to render professional services in conjunction with an internship. This program also includes a medical expense and accidental death and dismemberment benefit to participants.

Insurance Administrator: North Carolina Association of Insurance Agents (NCAIA)
Insurance Carrier: Peerless Insurance Company
Policy#: GL 8335325
Claim Info: Lisa Weatherly, NC Association of Insurance Agents (919)863-6522

Student Name: _____ Univ ID# _____

Current Address: _____

City, State, Zip: _____

If Different,

Fall Address: _____

City, State, Zip: _____

Home: () _____ Cell: () _____

Phone Number: () _____ Phone Number: () _____

Preferred E-Mail Address: _____

INSTRUCTIONS:

1. Please attach an \$17 check payable to: "UNCG".
2. Return application and check to: Ms. Ann Venable, 420 HHP, RTH Dept. Secretary.
3. Make a copy of this application for your records, it includes important policy information.