

For Office Use Only:

Initial: _____

Date: _____

UMD Registered Student Organization General Liability Insurance Policy

As a result of their independent and autonomous status from the University of Minnesota, student organizations are required to provide proof of insurance in order to conduct activities in University facilities.

As of September 2, 2008, if your student organization is registered with the Kirby Student Center:

- Your group **meetings** are covered in any space *on the UMD campus*
- Your group **events** are covered in any space *on the UMD campus* EXCEPT:
 - If your event is an athletic event
 - If your event includes horseback riding
 - If your event is open to a public audience*

*"Public Audience" is defined as any individual who is not a current student, faculty, or staff at UMD.

If your event is going to occur on the UMD campus and is an athletic event, horseback riding event, or an event with a public audience, the University of Minnesota system **requires** you to purchase additional liability insurance, based upon the number of people you anticipate at the event, how long your event is, and what type of event it is.

- If you are a club sport and using the SpHC facilities for your group, please work with the RSOP office to ensure your insurance needs are met. Some exceptions *may* occur.
- If you are any other organization and/or using any other facilities on campus for an event that requires insurance, you may contact the Student Activities Office, KSC 115, for assistance. Please allow plenty of extra time for processing.
 - Insurance is purchased online, by the student group, at <http://urmia.bene-marc.com>.
 - UMD Public Pass Code: 31272884
 - Insurance must be purchased before a room is confirmed for the event.
 - A copy of the insurance certificate must go to the individual who is reserving the room and the U Risk Management Office in the Twin Cities

Your signature below indicates that you and your organization have been informed of, and agree to abide by, the General Liability Insurance policy and procedures.

Name of Organization: _____

Signature of Officer: _____ Date: _____

Revised on 09/02/2008