Finance 101

Risk Management in Travel

California State University Channel Islands
Katharine Hullinger, ARM
Risk Management
November 17, 2015
Executive Orders and Technical Letters

Tech. Letter RM 2012-02 - CSU Motor Vehicle Program; CSUCI Policy FA.43.002

Tech. Letter RM 2012-01 - International Travel & Requirement to Purchase Insurance

EO 1081 - Study Abroad & Exchange Programs

EO 1041 - Student Travel Policy

EO 1062 - Field Trip Policy & Procedures

EO 1051 - Use of Approved Waiver of Liability

HR 2015-08 - Background Check Policy

HR 2015-10 - CSU Volunteer Policy

Tech. Letter RM 2012-01 - Insurance Requirements
Travel-Related Insurance Coverage

State Vehicle Auto Liability – Provides coverage for drivers of State vehicles (including carts) for third party property damage and injuries.

Workers’ Compensation - Statutory coverage for employees and designated University volunteers injured while working.

Student Travel Accident – Coverage for injuries sustained by students while traveling to and from locations of University-sponsored events.

Foreign Travel Insurance Program (FTIP) – Medical and liability coverage for faculty, staff and students traveling internationally on University-sponsored trips.
Procedures and Guidelines in Place

• Procedure for requesting international travel coverage

• Procedure for vetting drivers and guidelines for motor vehicle use

• Academic field trip guidelines

• Guidelines for the use of the *Release of Liability* form

• Guidelines and procedure for designating University Volunteers
International Travel Programs

All international programs must consider health, safety and security of students, staff and faculty.

Travel to some countries on the U.S. State Department’s Travel Warning list requires prior approval from the Chancellor, in addition to the President’s approval.
International Travel

Procedures consistent with E.O. 1081 are intended to reduce the likelihood and severity of losses or injuries arising out of international travel.

Risks inherent to foreign travel can be mitigated with the following:

• Conducting pre-departure orientation
• Having an emergency response plan
• Maintaining travel and medical insurance
• Use of University and Air Travel Waivers
• Adhering to the University *Code of Conduct*
ALL faculty, students, and staff traveling internationally on CSU-sponsored trips are required to use the CSU’s Foreign Travel Insurance Program (FTIP).

FTIP Benefits Include:

- General Liability and Auto Liability
- Primary Medical Expense, Emergency Medical Benefits and Medical Evacuation
- Repatriation of Remains
- Political Evacuations and Repatriation
- Accidental Death and Dismemberment
- Trip cancellation and interruption benefits
Requesting foreign travel coverage

Provide Risk Mgmt. with:

- Name of principal traveler
- Destination(s)
- Names of students & other travelers
- Purpose of travel
- Emergency contact names & email addresses,
- Detailed itinerary

Risk Mgmt. will:

- Confirm coverage is in place
- Provide travelers with Travel Assist cards
Motor Vehicle Use

- An authorized driver must have a valid driver’s license.
- The driver must be a University employee or an officially designated University volunteer.
- The driver must complete online Defensive Driver training every four years.
- If driving a State or personal vehicle is a requirement of an employee’s job, the employee’s license status and driving record will be checked.
- Vehicle use will be contingent upon a safe driving record.
- No one under 18 years of age may drive on University business or operate University carts.
• An employee using a privately owned vehicle for University business must meet the same eligibility requirements, and the vehicle use must be within the scope of employment.

• Employees must complete and have approved annually State Form 261 “Authorization to Use Privately Owned Vehicles on State Business”.

• The owner’s private automobile insurance will be primary.

• State insurance provides liability coverage only after the owner’s liability coverage is exhausted, and does not provide collision or comprehensive coverage.
State Form 261

Authorization to Use Privately Owned Vehicle on State Business

Approval must be renewed annually by you and your supervisor.

Employees and supervisors manage the annual renewal (not Risk Management).
Defensive Driver Training

Certification of Completion is valid for four years.
Authorization for Release of Driver Record Information

<table>
<thead>
<tr>
<th>NAME OF EMPLOYEE</th>
<th>DATE</th>
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<tbody>
<tr>
<td>Katheine Bullinger</td>
<td></td>
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</table>

I hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer (California State University Channel Islands)...

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver’s license suspension, revocation, or any other action is taken against my driving privilege during my employment...

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 18083.1(d). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment...

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>California State University Channel Islands</td>
<td>Camarillo, Ventura CA</td>
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To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/theservices, or by calling 916-657-6346.

This form must be completed and retained at the employer’s principal place of business and made available upon request to DMV staff.
**DMV Report**

### DRIVER RECORD INFORMATION

<table>
<thead>
<tr>
<th>DRIVERS Licence OR ID Card #</th>
<th>P.O. BOX No.</th>
<th>TYPE APP.</th>
<th>DATE</th>
<th>MISC. INFO SUBMITTED BY REQUESTOR</th>
<th>REG. CODE</th>
<th>RECORD DATE</th>
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<tr>
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<td>060614</td>
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<tr>
<th>BIRTHDATE</th>
<th>SEX</th>
<th>HEIGHT</th>
<th>WEIGHT</th>
<th>EYES</th>
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**DMV USE ONLY**

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### DRIVER LICENSE INFORMATION

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<tr>
<th>CLASS</th>
<th>ISSUED</th>
<th>EXPIRE</th>
<th>EXT.</th>
<th>RESTRICTIONS</th>
<th>DUPL. LIC. ISSUED</th>
<th>LIC. HELD</th>
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<td>C</td>
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<td>060419</td>
<td>RB2</td>
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<td>1831</td>
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### COURT DISPOSITION

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<th>ITEM</th>
<th>VIOLATION OR ACC. DATE</th>
<th>CONVICTION DATE</th>
<th>SECTION(S) VIOLATED LOCATION OR ACCIDENT OR OUT-OF-STATE VIOLATION(S)</th>
<th>STATUTE</th>
<th>COURT DISPOSITION</th>
<th>DOCKET, CITATION OR FR FILE NUMBER</th>
<th>LOCATION OF COURT OR ACCIDENT REPORT NUMBER</th>
<th>VEHICLE LICENSE</th>
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<td>NONE TO REPORT</td>
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*NOTIFICATION OF ACTIVITY NOT REQUESTED*

**SUBJECT ISSUED ID CARD 12/24/03 EXPIRES 06/04/09**

**AKA:**

**MISC**

- CA STATE UNIV. CHANNEL ISLANDS
- ADELL SIBLES
- CNR UNIVERSITY DR
- CAMARILLO, CA 93012

### DEPARTMENT ACTION

<table>
<thead>
<tr>
<th>MAIL ORDER DATE</th>
<th>EFFECTIVE DATE</th>
<th>AUTHORITY (SECTION(S)) OR OTHER STATE TAKING ACTION</th>
<th>THRU DATE OR TERM</th>
<th>REASON FOR ACTION</th>
<th>SERVICE OF ORDER</th>
<th>FR FILE NUMBER</th>
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<tr>
<td>SUSPENDED</td>
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<td>A</td>
<td>102601</td>
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<td>101703</td>
<td>13352</td>
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<td></td>
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<tr>
<td>CERTIFIED MAIL</td>
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<td>16480A2</td>
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**ACTN TERM**
Accident Reporting Procedure

1. Make no comment or statement regarding the accident to anyone except investigating police, your supervisor, or CI Risk Management.

2. Do call the police (911) in the event of any injury accident.

3. Do exchange information with the other driver. Record all information on the accident identification card, STD Form 269 (in State vehicle glove box), before leaving the scene of the accident.

4. Immediately call (805) 437-8846 (CI Risk Mgmt.) and give a verbal report of the accident.

5. In all accidents that result in injury or serious damage, immediately telephone the Office of Risk and Insurance Management (ORIM) at (916) 376-5302 or (800) 900-3634. Leave a message if necessary.

6. Complete the Report of Vehicle Accident, STD Form 270. Give a copy to your supervisor, and submit the original to the CI Risk Management within 24 hours, or the next business day.

7. The supervisor of each driver involved in an accident while driving on official CI business must investigate each accident promptly and thoroughly and prepare a Review of State Driver Accident, STD Form 274. The completed form must be submitted to the CI Risk Management within five days.

8. CI Risk Management will coordinate all reporting requirements between the University, the claim administrator, and the State Attorney General. If you have any questions, please call (805) 437-8846.
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Travel and Academic Field Trips

Authorized participants on University field trips are University faculty, staff, enrolled students, and authorized University volunteers.

Field trip participants are required to sign a Release of Liability/Waiver when the location has been chosen by instructor.

To mitigate the University’s liability exposure, students should be responsible for arranging their own transportation.
Travel and the Use of the University Waiver form

The Release of Liability/Waiver serves to mitigate liabilities associated with activities such as field trips, international travel and other University-sponsored activities.

Waiver language advises participants of risks associated with their voluntary participation in specific activities, and contractually transfers the responsibility for assuming those risks to the participants.
Waivers are kept in the department generating the documents. Waivers must be kept for three years. You may scan them to a computer file. Waivers may not be altered; contact Risk Mgmt. for specific Waiver needs. Parent or guardian must sign second page on behalf of minor.

Waiver/Release of Liability Form

In consideration for being allowed to participate in this Activity, I release from liability and waive my right to sue the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively “University”) from any and all claims, including the University’s negligence, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of any participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other’s actions, inaction, negligence, or from the condition of the Activity location(s) or facility(ies). Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.

I agree to hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney’s fees, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name: ______________________ Date: ____________

Signature: ______________________________________

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS
<table>
<thead>
<tr>
<th>TYPE OF ACTIVITY</th>
<th>WAIVER NEEDED</th>
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<tbody>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>On-campus faculty designated course activity</td>
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<tr>
<td>Off-campus faculty designated course activity</td>
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<tr>
<td>Off-campus faculty designated course activity w/ air travel</td>
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<tr>
<td>Student selected IRA program</td>
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<tr>
<td>Student selected course activity, off campus (ex. service learning)</td>
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<tr>
<td>International travel</td>
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<tr>
<td>Co-curricular University program or activity</td>
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<tr>
<td>University chartered club or organization</td>
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<tr>
<td>Intercollegiate athletics</td>
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<td>Club sports team</td>
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<tr>
<td>Fraternity or Sorority</td>
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<tr>
<td>Univ. recreational program or use of Univ. athletic facilities, equipment or services</td>
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<tr>
<td>University residential, academic, recruitment or outreach camp or program</td>
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<tr>
<td>Visit public area on campus</td>
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<tr>
<td>Visit restricted area on campus</td>
<td></td>
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<tr>
<td>Attend public event or performance on campus</td>
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<tr>
<td>Guest lecturer, advisory board member, library volunteer</td>
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</table>

When is a Release of Liability needed?
A few words about

Designated University Volunteers

Designated Volunteers do not sign

*Release of Liability Waivers.*

 Volunteers must be trained and supervised.

 Volunteers are covered by CSU insurance and indemnified, just like employees.

 Volunteers are required to complete the Live Scan process if placed in positions of trust (i.e. working with minors).
Volunteer Designation Form

All fields must be completed.

Indicate if volunteer will be driving on University business.

Risk Management will hold the original forms.
California State University Channel Islands Volunteer Designation Form

PLEASE COMPLETE ALL ITEMS

NAME: _______________________________  _______________________________  _______________________________
LAST             FIRST             MIDDLE

DATE OF BIRTH: __________/_______/_______

ADDRESS: _______________________________  _______________________________  __________  __________
STREET          CITY            STATE            ZIP

PHONE: _______________________________

EMERGENCY CONTACT: _______________________________  NAME: _______________________________  PHONE: _______________________________

SPECIFIC WORK LOCATION ON CAMPUS OR IN COMMUNITY:

SUPERVISOR’S NAME: _______________________________  SUPERVISOR’S PHONE: _______________________________

VOLUNTEER DATES:
Mandatory  _______________________________  _______________________________  _______________________________

ASSIGNMENT AND SUMMARY OF DUTIES:

Will you be driving a vehicle on University business? [ ] Yes  [ ] No
Will you be traveling on University business? [ ] Yes  [ ] No
Are you receiving academic credit for volunteering? [ ] Yes  [ ] No
Are you a University student or staff or faculty member? [ ] Yes  [ ] No

This is to acknowledge that I desire to volunteer my services, performing duties similar to those listed above and that services rendered by me will be at the direction of the above named supervisor. I will not be compensated for these services. Further, I understand that I serve at the pleasure of my supervisor.

_____________________________  _______________________________
SIGNATURE OF VOLUNTEER          DATE

_____________________________  _______________________________
SIGNATURE OF UNIVERSITY ADMINISTRATOR       APPROVING THIS VOLUNTEER DESIGNATION

PLEASE SEND COMPLETED FORM TO RISK MANAGER

Important!
Detailed information about the University’s Risk Management programs, as well as many risk management forms, can be found on the Risk Management webpage.

Contact Risk Management:

Katharine Hullinger, ARM
katharine.hullinger@csuci.edu
Office (805) 437-8846
Cell (805) 665-0024
Lindero Hall 1788

Call me! 😊