

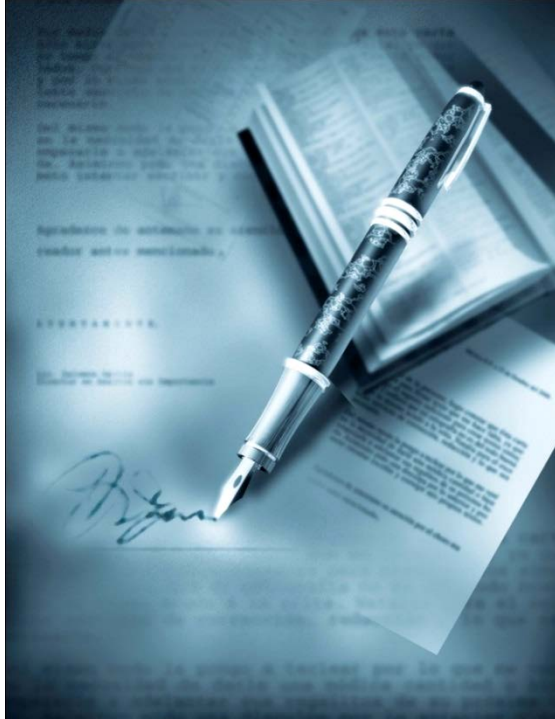
Finance 101

Risk Management in Travel



California State University Channel Islands
Katharine Hullinger, ARM
Risk Management
November 2017

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 2015-10 - CSU Volunteer Policy

Tech. Letter RM 2012-01 - Insurance Requirements

Travel-Related Insurance Coverage



State Vehicle Auto Liability – 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.

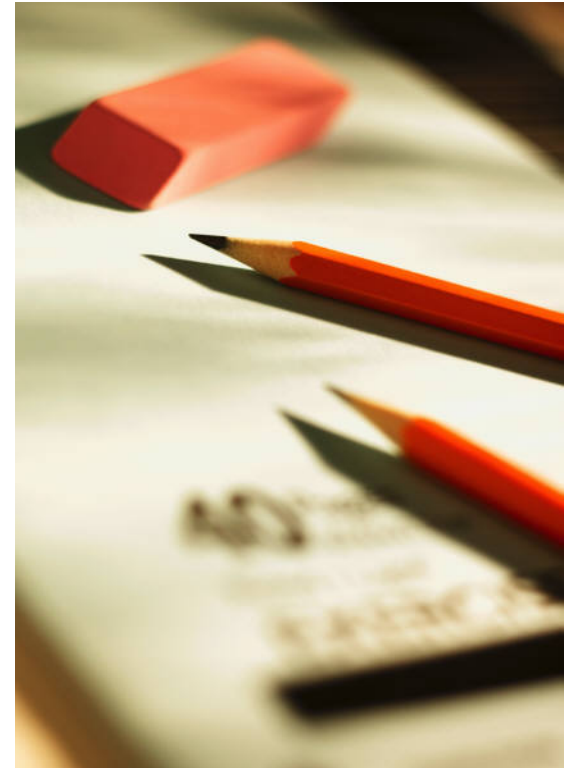
Student Travel Accident – Coverage for injuries sustained by students while traveling to and from locations of University-sponsored events.

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 that Support

Travel Compliance

- 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.

The campus President or her designate must approve ALL international travel.



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 and arrival orientations
- Having an emergency response plan
- Maintaining travel and medical insurance
- Use of University and Air Travel Waivers
- Adhering to the University *Code of Conduct*

Foreign Travel Insurance Program

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
- Legal assistance
- 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

**Channel Islands**
CALIFORNIA STATE UNIVERSITY

Foreign Travel Insurance Request Form
ATTACH: TRIP ITINERARY, APPROVED TRAVEL AUTHORIZATION, ROSTER OF TRAVELERS
ALL FIELDS MUST BE COMPLETED

Traveler's Information
Name (Last, First, MI.): _____
Email: _____ Cell Phone: _____ Alt. Phone: _____
Department: _____ Chartfield string for premium chargeback: _____

Purpose of Trip
Course(s): _____ Departure Date: _____ Return Date: _____
Destination(s): _____
Are any of the destinations on the State Dept.'s 'high hazard' or travel warning lists? YES ☐ NO ☐
<http://travel.state.gov/content/passports/english/alertswarnings.html>
If YES, have you received appropriate approvals from the campus President? YES ☐ NO ☐
Are any destinations on the War Risk list? YES ☐ NO ☐
If YES, the Chancellor's office will require 30 days to process approval.
http://www.calstate.edu/risk_management/rm/documents/CSURMA_HighHazardList.pdf

Traveler's Emergency Contact Information
Emergency Contact Person: _____ Contact's Email: _____
Group Information – Please attach separate sheet if a group is traveling, including names and email addresses of all travelers in the group, and names and email addresses for each traveler's emergency contact.
Number of Students: _____ Number of C.I. Employees: _____ Number of Others*: _____
*If 'Others' are traveling, please explain: _____
Risk Management will send an email confirming that coverage has been bound for the traveler(s), along with Travel Assist cards that each participant must carry while traveling.
If travel is cancelled, please notify Risk Management at ext. 8846 as soon as possible.
SEND COMPLETED FORM, ITINERARY, COPY OF TRAVEL AUTHORIZATION AND GROUP LIST (IF A GROUP IS TRAVELING) TO RISK MANAGEMENT.

Revised 2/2015

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.

*Authorization to Use
Privately Owned Vehicle
on State Business*

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

Print		Clear	
STATE OF CALIFORNIA AUTHORIZATION TO USE PRIVATELY OWNED VEHICLES ON STATE BUSINESS STD. 281 (REV. 3-95)			
<i>This approval must be renewed annually. Supervisor: Refrain Original Copy</i>			
I. CERTIFICATION			
In accordance with State Policy (S.A.M. 0753 & 0754) approval is requested to use privately owned vehicles to conduct official State business.			
I hereby certify that, whenever I drive a privately owned vehicle on State business, I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:			
1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage). Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.			
2. Adequate for the work to be performed.			
3. Equipped with safety belts in operating condition.			
4. To the best of my knowledge, in safe mechanical condition as required by law.			
I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.			
I further certify that, while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).			
I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.			
DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE	
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED	
II. APPROVAL			
Use of a privately owned vehicle on State business is approved.			
APPROVING AUTHORITY SIGNATURE	TITLE	DATE APPROVED	
III. RENEWAL			
I have reviewed the above certification and approval and certify that the information provided is correct and valid.			
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED	
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EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED	
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.			
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED	

DMV INF 1101 Form

Authorization for Release of Driver Record Information



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____
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
COMPANY NAME

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 1808.1(k). 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.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____
DATE _____ SIGNATURE OF EMPLOYEE _____
X

I, Katharine Hullinger, of California State University Channel Islands
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____
Camarillo Ventura CA
DATE _____ SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE _____
X

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/otherservices, 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



IDENTIFICATION OF DRIVER BASED
ON INFORMATION SUBMITTED

DRIVER RECORD INFORMATION

DRIVERS LICENSE OR ID CARD #	F.O. BATES NO.	TYPE APP. DATE	MISC. INFO. SUBMITTED BY REQUESTOR	REQ. CODE	RECORD DATE
[REDACTED]	[REDACTED]	6 060514		U8311	082114

26637 [REDACTED]

BIRTHDATE	SEX	HEIGHT	WEIGHT	EYES	HAIR		DMV USE ONLY
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		CL NOT 08/21 BLK PUL

DRIVER LICENSE INFORMATION

CLASS	ISSUED	EXPIRES	EXT.	RESTRICTIONS	DUP. LIC. ISSUED	LIC. HELD	
C N-COM	052504	060419	RB2				1831

ITEM	VIOLATION OR ACC. DATE	CONVICTION DATE	SECTION(S) VIOLATED LOCATION OR ACCIDENT OR OUT-OF-STATE VIOLATION(S)	STATUTE	COURT DISPOSITION			DOCKET, CITATION OR FR FILE NUMBER	LOCATION OF COURT OR ACCIDENT REPORT NUMBER	VEHICLE LICENSE
					TYPE	JAIL OR CVA	AMT.			
NONE	TO REPORT									

M I S C	ANY ACCIDENTS SHOWN ABOVE DO NOT NECESSARILY INDICATE DRIVER RESPONSIBILITY
	*NOTIFICATION OF ACTIVITY PER REQUEST SUBJECT ISSUED ID CARD 12/24/03 EXPIRES 06/04/09 AKA: [REDACTED]

CA STATE UNIV CHANNEL ISLANDS
ADELL SEIBLES
ONE UNIVERSITY DR
CAMARILLO CA 93012

DEPARTMENT ACTION	MAIL ORDER DATE	EFFECTIVE DATE	AUTHORITY SECTION(S) OR OTHER STATE TAKING ACTION	THRU DATE OR TERM	REASON FOR ACTION	SERVICE OF ORDER		FR FILE NUMBER
						TYPE	DATE	
SUSPENDED PRIV REIN CERTIFIED ACTN TERM	102601	101501 101703 101506	13352A3 13352 16480A2			A	102601	

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 273](#). 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.

Procedure for reporting vehicle accidents is found on the Risk Management website AND in State vehicles!

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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 field trip location has been chosen by the instructor.

To mitigate the University's liability exposure, students should be responsible for arranging their own transportation. Alternatively, use of contracted travel service providers is strongly recommended.



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.

Release of Liability Form

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.

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS
a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: _____
Activity Date(s) and Time(s): _____
Activity Location/Facility: _____

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 my 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, inactions, 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: _____

One University Drive
Camarillo, California 93012
Tel 805-437-3400
Fax 805-437-8424

When is a Release of Liability needed?

<u>TYPE OF ACTIVITY</u>	<u>WAIVER NEEDED</u>	
	<u>YES</u>	<u>NO</u>
On-campus faculty designated course activity		X
Off-campus faculty designated course activity	X	
Off-campus faculty designated course activity w/ air travel	X	
Student selected IRA program	X	
Student selected course activity, off campus (ex. service learning)	X	
International travel	X	
Co-curricular University program or activity	X	
University chartered club or organization	X	
Intercollegiate athletics		X
Club sports team	X	
Fraternity or Sorority		X
Univ. recreational program or use of Univ. athletic facilities, equipment or services	X	
University residential, academic, recruitment or outreach camp or program	X	
Visit public area on campus		X
Visit restricted area on campus	X	
Attend public event or performance on campus		X
Guest lecturer, advisory board member, library volunteer		X

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: _____
MONTH/DAY/YEAR

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 START DATE END DATE

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 DATE

PLEASE SEND COMPLETED FORM TO RISK MANAGER

PLEASE COMPLETE ALL ITEMS

PLEASE SEND COMPLETED FORM TO RISK MANAGER





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 1808

Call me! 😊