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

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?
If YES, the Chancellor’s office will require 30 days to process approval.

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.
State Form 261

Authorization to Use Privately Owned Vehicle on State Business

Approval must renewed annually by you and your supervisor.

Employees and supervisors manage the annual renewal (not Risk Management).
DMV INF 1101 Form

Authorization for Release of Driver Record Information
# DMV Report

**Driver Record Information**

<table>
<thead>
<tr>
<th>Drivers Licence or ID Card #</th>
<th>F.O. Bates No.</th>
<th>Type Apr.</th>
<th>Date</th>
<th>Misc. Info Submitted by Requestor</th>
<th>Req. Code</th>
<th>Record Date</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
<td>082114</td>
</tr>
</tbody>
</table>

**Identification of Driver Based on Information Submitted**

- ID: 26637
- Last Name: [Redacted]

**DMV Use Only**

- Class: C
- Issued: 060419
- Expiry: 060409
- Ext.: RB2
- Restrictions: 1831

**Driver License Information**

<table>
<thead>
<tr>
<th>Item</th>
<th>Violation or ACC Date</th>
<th>Conviction Date</th>
<th>Section(s) Violated</th>
<th>Location of Accident or Out-of-State Violation(s)</th>
<th>Statute</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Court Disposition**

- Docket/Citation or FR File Number: 1234
- Location of Court or Accident Report Number: 5678
- Vehicle License: [Redacted]

**Misc**

- Notification of Activity Per Request
- Subject: Issued ID Card 12/24/03 Expires 06/04/09
- AKA: [Redacted]

**Department Action**

<table>
<thead>
<tr>
<th>Mail Order Date</th>
<th>Authority Section(s) or Other State Taking Action</th>
<th>Thru Date or Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>102601</td>
<td>13552A3</td>
<td></td>
</tr>
<tr>
<td>101501</td>
<td>13552</td>
<td></td>
</tr>
<tr>
<td>101703</td>
<td>13352</td>
<td></td>
</tr>
<tr>
<td>101506</td>
<td>16480A2</td>
<td></td>
</tr>
</tbody>
</table>

**Reason for Action**

- Type: A
- Date: 102601

**Service of Order**

- Type: [Redacted]
- Date: 102601

**FR File Number**

- [Redacted]

**Department**

- CA State Univ Channel Islands
- Adell Sibiels
- One University Dr
- Camarillo, CA 93012
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 prepares a Review of State Driver Accident, STD Form 274. The completed form must be submitted it 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 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.

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

<table>
<thead>
<tr>
<th>Activity:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Date(s) and Time(s):</td>
<td></td>
</tr>
<tr>
<td>Activity Location/Facility:</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Participant Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature:</th>
<th></th>
</tr>
</thead>
</table>

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

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
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