



# Earthquake Parametric Property Insurance

## COVERAGE SUMMARY

**INSURER:**

North American  
Capacity Insurance  
Company

**POLICY TERM:**

October 1, 2017 to  
September 30, 2020

**POLICY NO:**

NAP100000700

**A.M. Best Rating:**

A+

**NAMED COVERED ENTITY:**

The California State University and all of its Auxiliary Organizations

**WHAT THIS POLICY COVERS:**

The Parametric insurance afforded by the agreement shall indemnify the insured in settlement of its **Ultimate Net Loss** arising from each **Eligible Event** under this agreement.

**ULTIMATE NET LOSS:**

Direct or indirect physical loss or damage to property, business interruption, extra expense and any other expenses associated therewith sustained by the insured as a result of an earthquake.

**Eligible Event:**

An earthquake during the policy period with a seismic intensity of 6.5 or more.

**COVERAGE LIMIT:**

\$25,000,000	Per eligible event
\$25,000,000	Aggregate limit, subject to the location event limit
\$25,000,000	Three-year policy limit, subject to the location event limits

**DEDUCTIBLE:**

Maximum seismic intensity of less than 6.5 at all points on the USGS ShakeMap grid.

**LOCATION PAYOUT AMOUNT:**

The payout for each zip code will be determined accordance with the Payout Table on file with CSURMA.

**COVERAGE TERRITORY:**

The State of California

**SPECIAL CONDITIONS:**

An Earthquake with a Date of Occurrence during the Policy Period that satisfies the Eligible Event Conditions; provided however, that if a nuclear explosion reported by a United States government agency has occurred (i) within one hour prior to the Earthquake Occurrence Time and (ii) within a Distance of ten (10) kilometers from the Epicenter of such Earthquake to the location of such nuclear explosion as reported by such government agency, then such Earthquake will not be an Eligible Event.

**QUESTIONS:****Robert Leong**

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*While we believe this Summary of Insurance fairly represents the terms, conditions and exclusions found in your insurance policies, in the event of any differences between the policies themselves and this summary, the policy provision will direct any resolution. This summary is not intended to replace or supersede any of your insurance contracts.*



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### HOW TO REPORT A CLAIM:

#### Notify Alliant:

**Sheila McClenaghan**  
(415) 403-1492  
[smcclenaghan@alliant.com](mailto:smcclenaghan@alliant.com)

**Elaine (Kim) Tizon**  
(415) 403-1458  
[etizon@alliant.com](mailto:etizon@alliant.com)

#### After Hours Reporting:

**Robert Frey**  
(415) 403-1445  
(415) 518-8490 (Cell)  
[rfrey@alliant.com](mailto:rfrey@alliant.com)

*While we believe this Summary of Insurance fairly represents the terms, conditions and exclusions found in your insurance policies, in the event of any differences between the policies themselves and this summary, the policy provision will direct any resolution. This summary is not intended to replace or supersede any of your insurance contracts.*