

COVERAGE SUMMARY

INSURER:
QBE Insurance
Corporation

POLICY TERM:
July 01, 2019 to
July 01, 2020

POLICY NO:
NHH000804



QUESTIONS:

Stacey Weeks
(415) 403-1448
sweeks@alliant.com

Van Rin
(415) 403-1408
vrin@alliant.com

Robert Leong
(415) 403-1441
rleong@alliant.com

NAMED COVER ENTITY:

1. California State University, Bakersfield
2. California State University, Chico
3. California State University, Dominguez Hills
4. California State University, East Bay
5. California State University, Fresno
6. California State University, Fullerton
7. Humboldt State University
8. California State University, Long Beach
9. California State University, Los Angeles
10. California Maritime Academy
11. California State University, Monterey Bay
12. California State University, Northridge
13. California State Polytechnic University, Pomona
14. California State University, Sacramento
15. California State University, San Bernardino
16. San Diego State University
17. San Francisco State University
18. San Jose State University
19. California Polytechnic State University, San Luis Obispo
20. California State University, San Marcos
21. Sonoma State University
22. California State University, Stanislaus

COVERED PARTIES / COVERED ACTIVITIES:

Class 1 – All intercollegiate athletes, coaches, managers, trainers and band members of the schools. While participating in the supervised and sponsored sports participation, practice or off season conditioning of a participating intercollegiate sport. Coverage does **not** include travel.

Class 2 – All intercollegiate athletes, coaches, managers, trainers and band members of the schools. While participating in the supervised and sponsored **group travel only** for activities covered under Class 1. Overnight supervised and sponsored activities with duration of more than seven (7) days and related travel are not covered unless specifically agreed to in writing by Carrier.

MEDICAL EXPENSE BENEFITS:

\$0	Class 1 – Accident Medical Expense Benefits – Not Covered
\$40,000	Class 2 – Accident Medical Expense Benefits
90 days	after the Covered Accident - first Covered Expenses must be incurred within Benefit Period
\$15,000	Accidental Death Benefit – Class 1
\$5,000	Accidental Death Benefit – Class 2
\$15,000	Accidental Dismemberment Benefit – Class 1
\$5,000	Accidental Dismemberment Benefit – Class 2
\$50,000	Deductible – Class 2 only
5 years	Benefit period from the date of the Covered Accident – Class 2 only

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EXCLUSION(S):

1. intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
5. declared or undeclared war or act of war;
6. flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle;
8. participation in any motorized race or contest of speed;
9. an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in Driver's Education program;
10. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
11. travel or activity outside the United States;
12. the Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred;
13. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
14. injuries compensable under Workers' Compensation law or any similar law.

HOW TO REPORT A CLAIM:

Notify your Claims Administrator:

Report claims within 30 days after the covered loss occurs or as soon as reasonably possible.

Health Special Risk, Inc. (HSR)

4100 Medical Parkway
Carrollton, Texas 75007-1517
(972) 512-5600
CSRM@hsri.com