

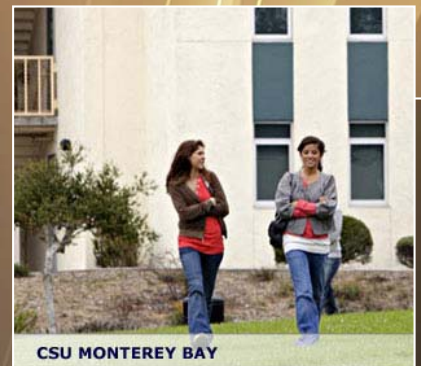


CSU FULLERTON



2015 – 2016 Program Manual

CSURMA Master



CSU MONTEREY BAY



CSU SAN BERNARDINO



ALLIANT INSURANCE SERVICES, INC.

Program Administrator

100 Pine Street, 11th Floor

San Francisco, CA 94111-5101

Tel: 415.403.1400 • Fax: 415.874.4810



Athletic Injury Medical Expense (AIME) Program

COVERAGE SUMMARY

INSURER:

CSURMA (Self Insured Plan of Benefits)

AXIS Insurance Company (Travel Accident and AD&D)

POLICY TERM:

July 1, 2015 to July 1, 2016

POLICY NO:

CSURMA-AIME-1415
COSB-50821-926

**COVERED NAME ENTITY:**

California State University Risk Management Authority (CSURMA)

COVERED MEMBERS:

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

COVERAGE PARTIES:

Any regularly enrolled student who is a participant on the intercollegiate team roster of the covered member, or is engaged in scheduled activities to become a roster participant of an intercollegiate team of the covered member.

COVERED ACTIVITIES:Self Insured Plan of Benefits:

Benefits are limited to injuries sustained during participation in regularly scheduled intercollegiate sports events of the covered member, including during the regular season for such sport and the supervised or customary activities within the scope of such sport. Coverage includes the sports listed on the sports census from each covered member.

Travel Accident and AD&D (AXIS Insurance Company):

Class 1: Provides coverage benefits while participating in the supervised and sponsored participation, practice or off season conditioning of a participating intercollegiate sport. Coverage does not include travel. The covered loss must take place a) on the premises of the member campus during normal hours of operation or during scheduled functions; b) on the premises of the member campus during other periods if attending or participating in a Covered Activity; or c) away from the premises of the member campus while attending or participating in a Covered Activity at its scheduled site.

Class 2: Provides coverage benefits while participating in the supervised and sponsored group travel only for activities covered under Class 1. This coverage includes, travel without delay, deviation or interruption, between home and the site of the Covered Activity.

QUESTIONS:

Stacey L. Weeks

(415) 403-1448

sweeks@alliant.com

Robert Leong

(415) 403-1441

rleong@alliant.com

Van Rin

(415) 403-1408

vrin@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.



Athletic Injury Medical Expense (AIME) Program

COVERAGE SUMMARY

COVERED BENEFITS (Plan of Benefits):

1. Medical Expense
2. Expanded Medical Benefits
3. Excess Accident provision
4. HMO/PPO provision
5. Re-injuries and Aggravations of prior injury
6. Third Party Refunds are defined

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Athletic Injury Medical Expense (AIME) Program

COVERAGE SUMMARY

COVERED BENEFITS (Accident / Travel Policy):

The amount of each Covered Expense where applicable will be the Usual and Customary Charge

- Inpatient Hospital Services
- Miscellaneous Expenses (In-Hospital Physiotherapy; Nurse Services; Orthopedic Appliances; Pre-Admission Test)
- Ambulatory Medical Center
- Emergency Room Treatment
- Physician Services
- Outpatient X-ray, CT Scan, MRI and Laboratory Tests
- Ambulance Services (Air and Ground)
- Medical Equipment Rental (Includes Orthopedic devices)
- Medical Services and Supplies
- Dental Services
- Prescription Drugs

LIMITS / SUB-LIMIT / DEDUCTIBLE:

Self Insured Plan (Plan of Benefits CSURMA)

\$90,000 Each Condition
 \$0 Deductible

104 weeks Benefit Period

Travel Accident and Accidental Death & Dismemberment (AXIS Insurance Company)

\$15,000 Class 1 – does not include group travel

\$15,000 Class 2 – includes group travel

\$500,000 Accidental Death & Dismemberment

Full Excess Medical Expense

Other Health Care Plan Reduction 0%

\$0 Class 1 – total maximum for all Accident Medical Benefits

\$90,000 Class 2 – total maximum for all Accident Medical Benefits

90 days after First Covered Expenses must be incurred

Covered Accident

260 weeks Benefit Period

Deductible Class 1 - \$0

Deductible Class 2 - \$25,000 each Covered Accident

COMMON EXCLUSIONS (Partial):

1. Suicide or any attempt thereof by a covered person
- Intentionally self-inflicted injuries
- Any injury occurring other than as a participant in a member campus intercollegiate athletic event, or the practice thereof
- Dental treatment, except as a result of injury to sound and natural teeth
- The covered person being intoxicated
- Expenses for the treatment of sickness or disease
- Benefit will not be paid for services or treatment rendered by any person who is:
 - a. employed or retained by member campus
 - b. living in the Insured Person's household
 - c. an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or
 - d. the Insured Person

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Athletic Injury Medical Expense (AIME) Program

COVERAGE SUMMARY

THIRD PARTY CLAIMS ADMINISTRATOR (Effective July 1, 2015):

Health Special Risk, Inc. (HSR)
HSR Plaza II, 4100 Medical Parkway
Carrollton, TX 75007

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Aviation (Non-Owned) Liability

COVERAGE SUMMARY

INSURER:

Westchester Fire Insurance Company (ACE Group)

POLICY TERM:

July 1, 2015 to July 1, 2016

POLICY NO:

AACN0738511005

A.M. Best Rating:

A++

**NAMED COVERED ENTITY:**

The California State University and its Auxiliary Organizations

WHAT THIS POLICY COVERS:

The insurer will pay on behalf the Named Covered Entities, claims which must legally be paid because of an event involving a non-owned aircraft causing bodily injury or property damage

COVERAGE LIMIT:

\$50,000,000 Single Limit Including Passengers - Each Occurrence

SELF-INSURED RETENTION:

None

COVERAGE TERRITORY:

Worldwide, suits must be brought in the United States of America

SPECIAL CONDITIONS:

1. Maximum seats including crew: 40
2. Pilot must be properly certificated and rated for the flight involved
3. Aircraft is regularly based in the Coverage Territory

EXCLUSION(S):

1. Noise, Pollution and other Perils exclusion clause
2. Aircraft Physical Damage
3. Nuclear Risk Exclusion Clause
4. War and Other Perils Exclusion Clause

QUESTIONS:**Robert Leong**

(415) 403-1441
rleong@alliant.com

Van Rin

(415) 403-1408
vrin@alliant.com

Hsan Htein

(415) 403-1452
hhtein@alliant.com

HOW TO REPORT A CLAIM:**Notify Alliant:**

Michelle Maffei
(415) 403-1418
mmaffei@alliant.com

Martin Fox-Foster
(415) 403-1417
martin.fox-foster@alliant.com

Elaine Kim
(415) 403-1458
ekim@alliant.com

After Hours Reporting:

Robert Frey
(415) 403-1445
(415) 518-8490 (Cell)
rfrey@alliant.com

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California State University Risk Management Authority

Boiler & Machinery Program

COVERAGE SUMMARY

INSURER:

Alliant Property Insurance Program (APIP) – Various Insurers

POLICY TERM:

July 1, 2015 to July 1, 2016

POLICY NO:

017471590/01 (Dec 05)



NAMED COVER ENTITY:

California State University Risk Management Authority – Campuses

LIMITS:

\$100,000,000	Boiler Explosion and Machinery Breakdown as respects Combined Property Damage and Business Interruption/Extra Expense (Including Bond Revenue Interest Payments where Values Reported and excluding Business Interruption for power generating facilities unless otherwise specified). Limit includes loss adjustment agreement and electronic computer or electronic data processing equipment with the following sub-limits:
Included	Jurisdictional and Inspections
\$10,000,000	Per Occurrence for Service/Utility/Off Premises Power Interruption
Included	Per Occurrence for Consequential Damage/Perishable Goods/Spoilage
\$10,000,000	Per Occurrence for Electronic Data Processing Media and Data Restoration
\$10,000,000	Per Occurrence for Hazardous Substances/Pollutants/Decontamination
Included	Per Occurrence for Machine or Apparatus used for Research, Diagnosis, Medication, Surgical, Therapeutic, Dental or Pathological Purposes
\$25,000,000	Automatic Acquisition for Boiler & Machinery values at newly acquired locations

POLICY BASIS:

Repair or Replacement except Actual Loss sustained for all Time Element coverages

NAMED INSURED CLAUSE:

Named Insured covers entities you acquire or in which you have 50% or more ownership or contractual control prior to loss

DEDUCTIBLES:

\$100,000	Except as shown for Specific Objects or Perils
\$100,000	Electronic Data Processing Media
\$100,000	Consequential Damage
\$100,000	Objects over 200 hp, 1,000 KW/KVA/Amps or Boilers over 5,000 sq ft of heating surface
\$50,000	Objects over 350 hp, 2,500 KW/KVA/Amps or Boilers over 10,000 sq ft of heating surface
\$100,000	Objects over 500 hp, 5,000 KW/KVA/Amps or Boilers over 25,000 sq ft of heating surface
\$250,000	Objects over 750 hp, 10,000 KW/KVA/Amps or Boilers over 75,000 sq ft of heating surface
\$350,000	Objects over 25,000 hp, 25,000 KW/KVA/Amps or Boilers over 250,000 sq ft of heating surface
\$10 per foot / \$2,500 Minimum	Deep Water Wells
24 hours	Business Interruption/Extra Expense Except as noted below
30 days	Business Interruption – Revenue Bond
24 hours	Waiting Period – Utility Interruption
5 x 100% of Daily Value	Business Interruption – All Objects over 750 hp or 10,000 KW/KVA/Amps or 10,000 sq ft Heating Surface
5 x 100% of Daily Value	Business Interruption – All Objects at Waste Water Treatment Facilities & All Utilities

QUESTIONS:

Bob Frey

(415) 403-1445
rfrey@alliant.com

Diana Walizada

(415) 403-1453
dwalizada@alliant.com

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Boiler & Machinery Program

COVERAGE SUMMARY

EXCLUSIONS (INCLUDING BUT NOT LIMITED TO):

1. Testing
2. Explosion, except for steam or centrifugal explosion
3. Explosion of gas or unconsumed fuel from furnace of the boiler

OBJECTS EXCLUDED (INCLUDING BUT NOT LIMITED TO):

1. Insulating or refractory material
2. Buried Vessels or Piping
3. Furnace, Oven, Stove, Incinerator, Pot Kiln

HOW TO REPORT A CLAIM:

First Notice of Claim should be reported to Alliant Insurance Services via telephone, fax, mail or e-mail to our San Francisco Office:

Alliant Insurance Services, Inc.
100 Pine St, 11th Floor
San Francisco CA 94111
Toll Free Voice: (877) 725-7695 / Fax: (415) 403-1466

Bob Frey
First Vice President, Claims Manager
(415) 403-1445
rfrey@alliant.com

Diana Walizada
Assistant Vice President, Claims Unit Manager
(415) 403-1453
dwalizada@alliant.com

cc.

McLaren's Young International Claims Services
1301 Dove St., Suite 200
Newport Beach, CA 92660
Attn: Cathryn O'Meara
Voice: (949) 757-1413 / Fax: (949) 757-1692
Email: cathryn.omeara@mcclarensyoung.com



California State University Risk Management Authority

CSU Builder's Risk Program

COVERAGE SUMMARY

INSURER:

Illinois Union Insurance Company (ACE)

POLICY TERM:

July 1, 2015 to July 1, 2016

POLICY NO:

120799754 010



NAMED COVER ENTITY:

The Trustees of the California State University (CSU)

COVERAGE DESCRIPTION:

"All Risk" Builder's Risk Insurance", including Property Damage, Property in Transit, Off-Site Storage, Expediting Expense, Flood (including tidal waves), Terrorism*, and Earthquake**

- * Terrorism Risk Insurance Program Reauthorization Act, 2007
- ** CSU maintains a self-fund for losses in excess of the deductible caused by earthquakes as defined in CA Public Contracts Code, section 7105 (b) (2).

All owners, all contractors and subcontractors of every tier, tenants of the Insured Project, and any other individual or entity specified in such contract, are recognized as Additional Insured hereunder to the extent required by any contract or subcontract for the Insured Project, and then only as their respective interests may appear.

"ACE Builders Risk XTRA Coverage Form" covering direct physical loss to Insured Project(s) while in the course of construction, reconstruction or renovation.

Covers CSU construction projects whose:

1. Construction begins within the Policy Period,
2. Project Enrollment form is completed and approved by underwriting, and
3. Notice to Proceed is issued by the CSU to the General Contractor;

Until completion up to 42 months from start date of construction.

LIMIT:

\$50,000,000 Per Occurrence

SUBLIMIT:

- \$25,000,000 Wood-Frame Construction
- \$1,000,000 Temporary Structures
- \$1,000,000 Property in Transit
- \$1,000,000 Property in Temporary Storage or Staging Areas
- 25% of Loss / Debris Removal
- \$1,000,000 Maximum
- \$250,000 Protection of Property
- \$250,000 Protection Service Charge
- \$25,000 Fire Protection Systems
- \$10,000 Valuable Papers & Records
- \$100,000 Installed Trees & Shrubs
- \$100,000 Expediting Expense
- \$50,000 Loss Data Preparation Costs
- \$10,000,000 / Loss of Rents (optional for additional premium)
- 365 days
- \$10,000,000 Flood (each Occurrence and Aggregate)
- \$1,000,000 Pollutant Clean-up (each Occurrence and Aggregate)
- 105% New Construction Escalation Clause

QUESTIONS:

Robert Leong

(415) 403-1441

rleong@alliant.com

Van Rin

(415) 403-1408

vrin@alliant.com

Hsan Htein

(415) 403-1452

hhtein@alliant.com

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CSU Builder's Risk Program

COVERAGE SUMMARY

DEDUCTIBLE:

- \$25,000 per Occurrence
- \$100,000 per Occurrence - Flood
- \$50,000 per Occurrence – Water Damage
- \$100,000 per Occurrence - Earth Movement**
- 30 days Loss of Rents

EXCLUSIONS (INCLUDED BUT NOT LIMITED TO):

1. Earth Movement**
2. Pollution / Contamination
3. Electronic Data / Cyber Risk
4. Mold / Fungus
5. Nuclear, Biological, Chemical

** *Excluded by carrier, self-funded by CSU*

LOSS VALUATION:

1. Replacement Cost if replaced, otherwise
2. Actual Cash Value

COMMENTS / CONDITIONS:

1. Projects to be reported quarterly
2. Projects that are reported during the policy term are held covered for up to 42 months from project start date
3. Projects whose initial reported value is less than \$5,000,000 are not required to be reported upon completion
4. Projects whose initial value is \$5,000,000 or more shall report final contract values and term during the next quarterly reporting period following project completion

HOW TO REPORT A CLAIM:

CLAIMS REPORTING

Alliant Insurance Services, Inc.
100 Pine Street, 11th Floor
San Francisco, CA 94111-5101

Bob Frey
415-403-1445
rfrey@alliant.com

Martin Fox-Foster
415-403-1417
mfox-foster@alliant.com

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CSU Club Sports Insurance Program

COVERAGE SUMMARY

INSURER:

CSURMA (Self Insured Pooled)

Mutual of Omaha (NIRSA)

New Hampshire Insurance Company (Chartis)

POLICY TERM:

August 1, 2015 to August 1, 2016

POLICY NO:

Various Per Member

SB20CC-050171-148

41182601-01

**COVERED NAME ENTITY:**

California State University Risk Management Authority (CSURMA)

COVERED MEMBERS:

1. California State University, Bakersfield
2. California State University, Channel Islands
3. California State University, Chico
4. California State University, Dominguez Hills
5. California State University, East Bay
6. California State University, Fresno
7. California State University, Fullerton
8. Humboldt State University
9. California State University, Monterey Bay
10. Associated Students Inc., California State University, Northridge
11. Associated Students Inc., CSPU Pomona (joined 3/6/15)
12. California State University, Sacramento
13. California State University, San Bernardino
14. Associated Students, San Diego State University
15. San Francisco State University
16. California Polytechnic State University, San Luis Obispo
17. California State University San Marcos University Corporation
18. Sonoma State University
19. California State University, Stanislaus

COVERED PARTIES:

All enrolled students who are participants in Policyholder supervised and sponsored club sports activities. Eligible persons include all students associated with the approved club sports per campus of the California State University System

COVERED ACTIVITIES:

This program is designed to cover students participating in your campus' club sports programs, including Intramural and Recreational sports clubs that are officially recognized by you campus as a student organization.

COVERAGE TERRITORY:

United States of America

QUESTIONS:

Robert Leong

(415) 403-1441

rluong@alliant.com

Van Rin

(415) 403-1408

vrin@alliant.com

Hsan Htein

(415) 403-1452

hhstein@alliant.com

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CSU Club Sports Insurance Program

COVERAGE SUMMARY

COVERAGE LIMITS:

CSURMA Self Insured Pooled

Basic Accident Medical Coverage (Optional)

\$30,000	Accident Medical Expense Benefit – Per Covered Accident
\$100	Deductible – Student's Responsibility
52 weeks	Benefit Period
90 days	Incurral Period

Note: All Members above participate in the Basic Accident Medical Coverage (CSURMA Self Insured Pooled) except:

California State University, Chico
California Maritime Academy
California Polytechnic State University, San Luis Obispo

Mutual of Omaha (NIRSA)

Accident Medical Coverage - Catastrophic

\$5,000,000	Lifetime Benefit Limit
\$10,000	Accidental Death & Dismemberment
\$30,000	Deductible (Catastrophic Injury Only)
\$100	Deductible (Basic Accident Medical & Catastrophic Injury)

Pays covered medical and dental expenses incurred by club members for accidental injuries sustained while participating in covered sport activities. The Basic limit of \$30,000 is provided by the CSURMA Risk Pool, and is supplemented with \$5,000,000 Catastrophic Injury Insurance provided by Mutual of Omaha Insurance Company (A.M. Best rated A+ XV) via the National Intramural-Recreational Sports Association (NIRSA).

New Hampshire Insurance Company (Chartis)

General Liability

\$1,000,000	Per Occurrence
\$3,000,000	General Aggregate
\$1,000,000	Personal / Advertising Injury
\$1,000,000	Products- Completed Operations Aggregate
\$300,000	Damage to Property Rented to You
\$0	Deductible

Investigates, defends and pays on behalf of enrolled student organizations liability for covered Bodily Injury and/or Property Damage to a third-party (not including Automobile Liability) arising from covered club sport activities. Coverage includes on-campus and off-campus events of the student organization and its members, subject to all terms of the insurance policy. The insurance is provided by New Hampshire Insurance Company (A.M. Best rated A+ XV).

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CSU Club Sports Insurance Program

COVERAGE SUMMARY

EXCLUSIONS (INCLUDING BUT NOT LIMITED TO):

Catastrophic:

No benefits are payable for:

1. Illness or disease or medical or surgical treatment thereof, including diagnosis, except:
2. as may be specifically provided for in the policy;
3. as may result from an Injury sustained in a Covered Accident;
4. a cardiovascular accident, stroke or other similar traumatic event caused by exertion while participating in a Covered Event;
5. Infection, except bacterial infection which results from the accidental ingestion of a contaminated substance or pyogenic infection
6. which results from an accidental bodily Injury;
7. suicide or intentionally self-inflicted Injury while sane;
8. an act of declared or undeclared war;
9. participation in a riot or engagement in or attempt to commit a felony or being engaged in an illegal activity;
10. travel or flight in or descent from any aircraft, unless the Insured Person is a passenger for authorized group or team travel on a
11. regularly scheduled flight on a commercial airline; or is a passenger on an aircraft chartered solely for the purpose of travel which
12. has a valid airworthiness certificate from the jurisdiction in which operated and which is being operate by a duly licensed pilot;
13. charges which exceed the Reasonable and Customary charges;
14. charges Incurred for dental work unless the Insured Person sustains a Disablement which results in damage to his or her natural teeth

General Liability:

1. Asbestos and Silica Exclusion
2. Assault and Battery Exclusion
3. Attendance Limitation Exclusion
4. Employment-Related Practices Exclusion
5. Fireworks, Explosives, Pyrotechnic Devices or Incendiary Devices Exclusion
6. Fungus Exclusion
7. Medical Payments Exclusion
8. Nuclear Energy Liability Exclusion
9. Radioactive Matter Exclusion
10. Total Lead Exclusion
11. Total Pollution Exclusion

HOW TO REPORT A CLAIM:

CLAIMS REPORTING

Health Special Risk, Inc. (HSR)
HSR Plaza II, 4100 Medical Parkway
Carrollton, TX 75007

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CSU Doctor's Medical Malpractice

COVERAGE SUMMARY

INSURER:

Lloyd's of London

POLICY TERM:

July 1, 2015 to
July 1, 2016

POLICY NO:

20642-40752

**INSUREDS:**

California State University (CSU)

COVERAGE:

Professional Liability

COVERAGE DESCRIPTION:

Covers General Liability and Professional Liability of CSU students enrolled in a Health Profession practicum, Social Welfare program, Social Work program, or Education Credential program of the CSU who are required by a host institution to obtain general liability and/or professional liability insurance for participation in the institution's affiliation program.

COVERAGE TERRITORY:

Worldwide, suit must be brought to USA

LIMITS:

\$10,000,000 Each Loss
\$10,000,000 Aggregate for all Covered Parties

UNDERLYING LAYER:

\$5,000,000 Each Loss
\$5,000,000 Aggregate for all Covered Parties

EXCLUSIONS:

1. PSA
2. Invasive Surgery
3. Obstetrics
4. Dentistry
5. Private Practice

COMMENTS / CONDITIONS:

1. This is a "claims- made" policy. Coverage is only provided for claims which are both: (1) first made against the Insured during the Policy Period; and (2) reported to the Carrier as soon as practicable, but not later than 3 years after the Policy Period. Coverage is only provided for claims arising from Professional Services which are rendered or Incidents which occurred during the Policy Period.
2. Students enrolled in Nursing, Allied Health, Social Work, or Education credential programs of the CSU who also perform community service or volunteer work for academic credit are covered by this Student Professional Liability Insurance Program (SPLIP) at no additional premium.
3. Other CSU students performing community service or volunteer work for academic credit and students enrolled in radio, television or film academic programs of the CSU are separately covered by the Student Academic Field Experience for Credit Liability Insurance Program (SAFECLIP). Please refer to SAFECLIP summary for details.

QUESTIONS:

Robert Leong

(415) 403-1441
rleong@alliant.com

Van Rin

(415) 403-1408
vrin@alliant.com

Hsan Htein

(415) 403-1452
hhtein@alliant.com

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CSU Doctor's Medical Malpractice

COVERAGE SUMMARY

COVERED PROFESSIONS (INCLUDING NOT LIMITED TO):

Nursing Professions:

Case Manager	Nurse Practitioner:
Geriatric Nursing Assistant	Geriatric/Adult/Family Planning-GYN
Nurses Aide - Facility Setting	OB-GYN/Acute Critical Care OB-GYN
Nurses Aide - In-home Setting	Pediatric/Neonatal/Family Practice/Acute Care
Nursing Assistant - Facility Setting	Psychiatric
Nursing Assistant - In-home Setting	
Home Health Aide	
LPN/LVN	
Nurse - Anesthetists	
Nurse - Midwives	
Registered Nurse	

ALLIED HEALTH PROFESSIONS:

Art Therapist	Electrologist
Athletic Trainer	EMT- Paramedic
Audiologist	EMT- Basic/Intermediate
Blood Bank Technician	EMT- Volunteer
Bio-Medical Technician	Enterostomal Therapist
Cardiographic Technician	Exercise Physiologist
Cardiology Technician	Health Educator
Case Manager	Histologic Technician
Certified Laboratory Technician	Hospital Pharmacy Technician
Certified Medical Assistant	Kinesiologist/Kinesiotherapist
Certified Occupational Therapy Assistant	Laboratory Aide
Chiropractic Assistant	Massage Therapist
Circulation Technician	Medical Assistant
Clinical Laboratory Technician	Medical Laboratory Technician
Community Health Assistant	Medical Records Administrator
Community Health Technician	Medical Records Technician
Corrective Therapist	Medical Technician
Dance Therapist	Medical Technician Assistant
Dental Hygienist	Mental Retardation Worker
Diagnostic Medical Sonographer	Music Therapist
Dialysis Technician	Nuclear Medical Technician
Dietitian	Nutritionist
EEG (Electroencephalogram) Technician	Occupational Therapist
EKG (Electrocardiogram) Technician	Occupational Therapist Assistant
Optometry Assistant/Technician	Rehabilitation Assistant
Orthopedic Assistant	Rehabilitation Therapist
Pedorthist	Respiratory Care Practitioner
Perfusionist	Respiratory Care Provider
Personal Trainer	Respiratory Therapist
Pharmacist	Respiratory Therapist Technician
Pharmacist Technician	Speech Hearing Therapist
Physical Therapist	Speech Language Pathologist
Physical Therapist Assistant	Sports Medicine Instructor
Physician Assistant Podiatric Assistant	Sports Medicine Therapist
Psychologist	Surgical Technician
Radiation Therapist	Vascular Technologists
Radiological Technician	X-Ray Machine Operator
Recreation Therapist	

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CSU Doctor's Medical Malpractice

COVERAGE SUMMARY

SOCIAL WORK / SOCIAL WELFARE PROFESSIONS:

- | | |
|--|---------------------------------|
| Alcohol/Drug Counselor | Licensed Professional Counselor |
| Bodywork Counselor | Life Coach Counselor |
| Career Counselor | Marriage/Family Counselor |
| Case Manager | Mental Health Counselor |
| Clinical Counselor | Pastoral Counselor |
| Counselor Educator | Psychological Counselor |
| Forensic Counselor | Rehabilitation Counselor |
| Genetic Counselor | Social Worker |
| Licensed Professional Clinical Counselor | |

EDUCATION / TEACHING PROFESSIONS:

School Administration:

- Admittance
- Desegregation
- Enrollment
- Expulsion
- Extracurricular Activities
- Integration

Educational Instruction:

- Career Guidance
- Guidance Counseling
- School Counselor
- Student Consumerism
- Teaching Assistants

HOW TO REPORT A CLAIM:

???

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CSU Foreign Travel Insurance Program (FTIP)

COVERAGE SUMMARY

INSURER:
ACE USA – U.S
International Advantage
Program

POLICY TERM:
July 1, 2015 to
July 1, 2016

POLICY NO:
GLMNO4950872



NAMED COVER ENTITY:

1. California State University Risk Management Authority (CSURMA)
2. California State University (CSU)
3. CSU Auxiliary Organizations

COVERAGE TERRITORY:

ANYWHERE IN THE WORLD excluding:

1. The United States of America, Puerto Rico, (including its territories and possessions); and
2. Any country or jurisdiction which is the subject of trade or economic sanctions imposed by the laws regulations of the United States of America

LIMITS / SUB-LIMITS:

Primary General Liability

\$5,000,000	Coverage A – Bodily Injury/Property Damage Each Occurrence
\$5,000,000	Aggregate Limit/Products/Completed Ops
\$1,000,000	Premises Damage Limit
\$5,000,000	Coverage B – Personal Injury & Advertising Injury – Aggregate Limit
\$10,000	Coverage C – Medical Expense Limit (any one person)
\$1,000,000	Employee Benefits Liability Endorsement- Each Claim (Subject to \$1,000 Deductible) (Claims Made Coverage) and Annual Aggregate

Contingent Auto Liability (Excess)

\$1,000,000	Bodily Injury/Property Damage Liability Each "accident"
\$100,000	Hired Auto Physical Damage/any one policy period
\$25,000	Auto Medical Payments/each person/ each accident

Employers Responsibility Coverage Voluntary Compensation

State of Hire	North Americans – State of Hire
Country Origin	Third Country Nationals – Country of Origin
Country Origin	Local Nationals – Country of Origin

Employers Liability

\$1,000,000	Bodily Injury by Accident/each Accident
\$1,000,000	Bodily Injury by Disease/each Employee (including Endemic Disease)
\$1,000,000	Bodily Injury by Disease/Policy Limit (including Endemic Disease)

Primary Accident or Sickness Expense Benefit

\$250,000	Employee/Student (Primary Accident or Sickness Expense Benefit)
\$250,000	Spouse/Dependent/Volunteer (Primary Accident or Sickness Expense Benefit)
Treated as any other medical condition	Maximum Preexisting Conditions
\$1,000	Maximum for Dental Treatment – Injury Only
\$500	Alleviation of Pain – Maximum
\$2,000	Maximum for Therapeutic Termination of Pregnancy
	\$0 Deductible per Covered Accident or Sickness
	364 Maximum Period of Coverage
	Incurral Period: 60 days after the date of Covered Accident or Sickness

Emergency Medical Benefits

Up to \$10,000	Emergency Medical Benefit Maximum
----------------	-----------------------------------

QUESTIONS:

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

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

Rob Leong
(415) 403-1448
rleong@alliant.com

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CSU Foreign Travel Insurance Program (FTIP)

COVERAGE SUMMARY

INSURER:
ACE USA – U.S
International Advantage
Program

POLICY TERM:
July 1, 2015 to
July 1, 2016

POLICY NO:
GLMNO4950872



QUESTIONS:

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

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

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

LIMITS / SUB-LIMITS:

Emergency Medical Evacuation

100% of Covered Expense Emergency Medical Evacuation Benefit Maximum

Repatriation of Remains Benefit

100% of Covered Expense Repatriation of Remains Benefit Maximum

Emergency Reunion

\$5,000 Benefit Maximum
\$300 Daily Benefit Maximum
10 days Maximum Number of Days
Round Trip Ticket to fly to injured participant included in maximum benefit

Aggregate Limit Benefit

\$3,000,000 Aggregate Limit/Benefit Maximum

Accidental Death & Dismemberment Benefit

\$100,000 Employee / Student – AD&D Benefit
\$50,000 Other– AD& D Benefit

Trip Cancellation

\$2,500 Benefit Reimbursement of non-refundable covered expenses paid for trip up to Benefit Maximum
Maximum if prevented from taking trip as a result of injury, sickness, or death

Trip Interruption Benefit

\$2,500 Benefit Reimbursement of cost for one-way economy air/or ground transportation Maximum
ticket, up to benefit maximum, if participant’s trip is interrupted as a result of a death of a family member or unforeseen injury or sickness of participant’s family member.

Trip Cancellation (Self-Funded)

\$2,500 Benefit Limited self-insured coverage for trip cancellation, addressing the cost of Maximum
cancelling or early return from travel triggered by critical events that may not be covered under the insurance program.

COMMENTS / CONDITIONS:

1. Trips need to be reported
2. For any high hazardous / war risk country both the Campus President and Chancellor’s Office approvals are required

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CSU Foreign Travel Insurance Program (FTIP)

COVERAGE SUMMARY

INSURER:
ACE USA – U.S
International Advantage
Program

POLICY TERM:
July 1, 2015 to
July 1, 2016

POLICY NO:
GLMNO4950872



QUESTIONS:

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

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

Rob Leong
(415) 403-1448
Rleong@alliant.com

TRAVEL ASSISTANCE:

ACE Travel Assistance Program
1-855-327-1414 (Toll-Free)
1-630-9764 (Direct Dial)
Email: medassist-usa@axa-assistance.us

Policyholder: California State University RMA
Policy Number: ADDN04950872
Assistance Provider: AXA Assistance USA, Inc.

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CSU Inland Marine Program

COVERAGE SUMMARY

INSURER:
AGCS Marine Insurance
Company

POLICY TERM:
July 1, 2015 to
July 1, 2016

POLICY NO:
MXI98308874



NAMED COVER ENTITY:

California State University Risk Management Authority (CSURMA)

COVERAGE:

All Risk equipment floater for scheduled of equipment on file with the company

LIMIT:

\$10,000,000 Per Occurrence
\$500,000 Sublimit - Inland Transit

DEDUCTIBLE:

<u>Deductible:</u>	<u>Rate (per \$100 of value)</u>	<u>Item:</u>
\$1,000	0.665	Musical Instruments
\$1,000	0.361	Fine Arts
\$1,000	0.779	EDP (less than \$1mm)
\$10,000	0.15	EDP (greater than \$1mm)
\$1,000	1.539	Laptops
\$1,000	3.696	Camera Equipment
\$1,000	0.779	Office Equipment
\$1,000	0.779	Miscellaneous Equipment

Deductible applies against total loss from any one occurrence. The total to be deducted shall not exceed the largest deductible applicable.

LOSS VALUATION:

- Property of Insured: replacement cost
- Property of others: the Insured's interest and for the valuation consistent with the liability of the Insured.

INSURING AGREEMENTS:

Computer Form

- Covered properties: EDP and media owned, leased, rented, or controlled by the Insured and for which the Insured is liable.
- Perils Insured: all risk of direct physical loss or damage, except:
 - mechanical failure
 - dishonest acts
 - electrical disturbance

QUESTIONS:

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

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

Hsan Htein
(415) 403-1452
hhtein@alliant.com

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INSURING AGREEMENTS:

Commercial Article Floater

1. Covered properties: musical instruments, fine arts, camera equipment owned, leased, rented or controlled by the Insured and for which the Insured is liable.
2. Perils Insured: all risk of direct physical loss or damage, except:
 - a. wear and tear
 - b. hostile or warlike action, insurrection, rebellion
 - c. nuclear reaction, radiation, contamination
 - d. unexplained loss, mysterious disappearance
 - e. mechanical breakdown, latent defect
 - f. corrosion, rust
 - g. misappropriation, dishonest acts
 - h. earthquake, flood
 - i. as to Fine Arts: damage from repairing, restoration or retouching process; breakage, unless caused by an insured peril, or endorsed thereon

PROPERTY NOT COVERED:

1. Vehicles
2. Watercraft
3. Property rented or leased to others while away from your premises.
4. Property while waterborne", unless on transporting land conveyances aboard any regular ferry operation on inland waterways
5. Any "Data" which cannot be replaced unless such items are covered for a specific amount per article and such items and values per article are endorsed onto this EDP policy.
6. Accounts, bills, evidences of debt, money, valuable papers, records, abstracts, deeds, manuscripts or other documents except as they have been converted to Data Processing "Media" form, and then only in that form.
7. Contraband or property in the course of illegal transportation or trade.

EXCLUSIONS (INCLUDED BUT NOT LIMITED TO):

1. Earth Movement
2. Governmental Action
3. Nuclear Hazard
4. War And Military Action
5. Water / Flood
6. Fungi, Wet Rot And Dry Rot
7. Virus, Bacterium Or Other Microorganism

COMMENTS / CONDITIONS:

Fine Arts:

- a. must be packed/unpacked by competent packers
- b. declared/agreed value
- c. pair and set: full value of set

Musical Instruments:

- a. not played for remuneration, unless endorsed thereon



CSU Inland Marine Program

COVERAGE SUMMARY

HOW TO REPORT A CLAIM:

CLAIMS ADMINISTRATOR

AGCS Marine Insurance Company
Attn: FNOL Marine Claims Unit
One Progress Point Parkway
O'Fallon, MO 63368
1-800-558-1606
FNOLMarine@agcs.allianz.com

CLAIMS REPORTING

Alliant Insurance Services, Inc.
100 Pine Street, 11th Floor
San Francisco, CA 94111

Diana Walizada
(415) 403-1453
dwalizada@alliant.com

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CSU Rocketry Program

COVERAGE SUMMARY

INSURER:

ACE Property and
Casualty Insurance
Company

POLICY TERM:

December 8, 2015 to
July 1, 2016

POLICY NO:

AAPN11234094001

A.M. Best Rating:

A++

**QUESTIONS:**

Robert Leong

(415) 403-1441

rleong@alliant.com

Van Rin

(415) 403-1408

vrin@alliant.com

Hsan Htein

(415) 403-1452

hhtein@alliant.com

NAMED COVERED ENTITY:

The California State University and its Auxiliary Organizations

COVERED TERRITORY:

Any premises within the Mojave Desert necessary to the Named Insured's aviation operations that have been approved for the launching of rockets by the State & Federal government.

LAUNCH LOCATIONS:

Each Launching Location must be disclosed to Ace Underwriting and scheduled on policy prior to a launch.

State Name

- | | |
|----|---|
| CA | Friends of Amateur Rocketry (FAR): located in the Mojave Desert, CA |
| CA | Rocketry Organization of California (ROC): Located in the Mojave Desert, CA |
| UT | Green River, UT: Located on Bureau of Land Management property |

COVERED PARTIES:

1. Name Insured, Covered Entities
2. Executive Officers, Directors
3. Employees, Volunteers

COVERAGE:

1. Bodily Injury
2. Personal & Advertising Injury
3. Property Damage
4. Medical Payments

LIMITS/SUBLIMITS:

- | | |
|-------------|--|
| \$5,000,000 | Each Occurrence Limit |
| \$5,000,000 | Personal Injury & Advertising Injury Aggregate Limit |
| \$100,000 | Fire Damage Legal Liability Any One Fire |
| \$5,000 | Medical Expense Limit Any One Person |

DEDUCTIBLE:

\$0 Each Occurrence of Offense

SPECIAL TERMS:

"Aviation Operations" means your operations:

- a. involving aircraft or any parts or equipment relating to aircraft; or
- b. at any airport, airfield or heliport

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CSU Rocketry Program

COVERAGE SUMMARY

EXCLUSIONS & ENDORSEMENTS (INCLUDED BUT NOT LIMITED TO):

1. Nuclear Risk Exclusion Clause
2. Date Recognition Exclusion Clause
3. Silica and Silica-Related Dust Exclusion
4. Infringement of Copyright, Patent, Trademark or Trade Secret Exclusion Endorsement
5. Coverage A. Bodily Injury and Property Damage Liability
This insurance does not apply to:
 - a. Expected or Intended Injury
 - b. Contractual Liability
 - c. Liquor Liability
 - d. Workers Compensation or Similar Laws
6. Coverage B. Personal and Advertising Injury Liability
This insurance does not apply to:
 - a. Personal injury or advertising injury:
 1. Arising out of any oral or written publication of material, if done by or at the direction of the insured with knowledge of falsity;
 2. Arising out of the willful violation of the penal statute or ordinance committed by or with the consent of the insured
 - b. Advertising Injury arising out of:
 1. Breach of contract, other than misappropriation of advertising ideas under an implied contract;
 2. An offense committed by an insured whose business is advertising, broadcasting, publishing or telecasting
7. Coverage C. Medical Payments
We will not pay expenses for "bodily injury"
 - a. To any insured;
 - b. To a person hired to do work for or on behalf of any insured or a tenant of any insured;
 - c. To a person injured on that part of premises you own or rent that the person normally occupies
8. Coverage D. Hangar keepers Liability
9. Coverage E. Non-Owned Aircraft Liability
This insurance does not apply to:
 - a. Expected or Intended Injury
 - b. Property damage to aircraft

HOW TO REPORT A CLAIM:

Notify Alliant:

Michelle Maffei
(415) 403-1418
mmaffei@alliant.com

Martin Fox-Foster
(415) 403-1417
martin.fox-foster@alliant.com

Elaine Kim
(415) 403-1458
ekim@alliant.com

After Hours Reporting:

Robert Frey
(415) 403-1445
(415) 518-8490 (Cell)
rfrey@alliant.com

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APIP Cyber Enhancement Option

COVERAGE SUMMARY

INSURER:
Lloyd's of London

POLICY TERM:
July 1, 2015 to
July 1, 2016

POLICY NO:
PH1533938-CEO



QUESTIONS:

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

Mimi Long
(415) 403-1423
mlong@alliant.com

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

NAMED COVERED ENTITY:

California State University Risk Management Authority (CSURMA)
CSURMA Auxiliary Organizations Risk Management Alliance (AORMA)

LIMITS/SUB-LIMITS:

2,000,000 Notified Individuals - Aggregate
10% Of Notified Individuals residing outside of the United States – Sublimit
\$1,000,000 Computer Expert Services (includes credit monitoring & call center services),
Legal Services, and Public Relations & Crisis Management Expenses -
Aggregate Limit
Privacy Breach Response Services is separate from and in addition to the
Policy Aggregate Limit of Liability

RETENTION:

250 First 250 Notified Individuals for Each Incident – Notification Services, Call
Center Services, and Breach Resolution & Mitigation Services for each incident
involving at least:
\$5,000 Legal Services (part of and not in addition to combined retention below)
\$20,000 Computer Expert Services, Legal Services and Public Relations & Crisis
Management Expenses Combined

COVERAGE:

- 1. Information Security and Privacy Liability
- 2. Privacy Notification Costs

CLAIMS SERVICES:

- 1. Direct Reporting to Beazley Breach Response Service Team
- 2. Data Breach Investigation and Response
- 3. Sole Purpose to respond to data breach event
- 4. Information Security Incident Response Guide Provided

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APIP Cyber Enhancement Option

COVERAGE SUMMARY

HOW TO REPORT A CLAIM:

CLAIMS REPORTING

IMMEDIATE NOTICE should be made to Beazley Breach Response of all potential claims and circumstances (assistance, and cooperation clause applies)

Claim notification under this policy is to:
Beazley Breach Response
bbr.claims@beazley.com

Alliant Insurance Services, Inc.
100 Pine Street, 11th Floor
San Francisco, CA 94111-5101

Rob Frey
(415) 403-1445
rfrey@alliant.com

Martin Fox-Foster
(415) 403-1417
mfox-foster@alliant.com

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California State University Risk Management Authority

Cyber Liability (with APIP)

COVERAGE SUMMARY

INSURER:

Lloyd's of London - Beazley
Syndicate: Syndicates
2623 - 623 - 100%

POLICY TERM:

July 1, 2015 to
July 1, 2016

POLICY NO:

PH1433938



NAMED COVER ENTITY:

California State University Risk Management Authority – Campuses

COVERAGE PROGRAM:

Information Security & Privacy Insurance with Electronic Media Liability Coverage

Alliant Property Insurance Program (APIP) inclusive of
Public Entity Property Insurance Program (PEPIP), and
Hospital All Risk Property Program (HARPP)

RETROACTIVE DATE:

July 1, 2008 California State University and CSU Auxiliary Organizations.

TERRITORY:

Worldwide

LIMITS:

Third Party Liability

- Ai. \$25,000,000 **Annual Policy and Program Aggregate Limit of Liability** (subject to policy exclusions) for all Insureds/Members combined (Aggregate for all coverages combined, including Claims Expenses), subject to the following sub-limits as noted.
- Aii. See Enhancement **Annual Aggregate Limit of Liability** for each Insured/Member for **Information Security & Privacy Liability** (See **Cyber Enhancement Option Summary**)
- B. See Enhancement **Annual Policy Aggregate Limit of Liability** for each Insured / Member **Privacy Notification Costs** coverage. (See **Cyber Enhancement Option Summary**)
- C. \$2,000,000 **Annual Policy Aggregate Limit of Liability** for each Insured / Member for all Claims Expenses and **Penalties for Regulatory Defense and Penalties**
- D. \$2,000,000 **PCI Fines and Penalties** coverage added with sub-limit of \$100,000. **Annual Policy Aggregate Limit of Liability** for each Insured/Member for all Damages and Claims Expenses for **Website Media Content Liability** (Occurrence Based)
- E. \$2,000,000 **Policy Aggregate Sublimit of Liability** for each Insured/Member for **Cyber Extortion Loss**

First Party Computer Security

- F. \$2,000,000 **Policy Aggregate Sublimit of Liability** for each Insured/Member for **Data Protection Loss and Business Interruption Loss**
- G. **First Party Business Interruption Sub-Limits of Liability** for each Insured/Member
 - \$50,000 1) Hourly Sublimit
 - \$50,000 2) Forensic Expense Sublimit
 - \$150,000 3) Dependent Business Interruption Sublimit.

The sub-limits of liability displayed above in Items B, C, D, E, F and G are part of, and not in addition to, the overall Annual Aggregate Limit of Liability for each Insured/Member (Item Aii)

QUESTIONS:

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

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

Hsan Htein
(415) 403-1452
hhtein@alliant.com

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Cyber Liability (with APIP)

COVERAGE SUMMARY

RETENTION:

- \$25,000 CSU Auxiliary Organizations Only
- \$50,000 Per Occurrence for each Insured/Member with TIV up to \$500,000,000 at the time of loss
- \$100,000 Per Occurrence for each Insured/Member with TIV greater than \$500,000,000 at time of loss
- 8 Eight hour waiting period for first party claims

COINSURANCE:

- 10% For Public Relations Consultancy

NOTICE:

Policy coverage sections I.A - Information Security & Privacy Liability, I.B.- Privacy Notification Costs and I.C.-Regulatory Defense & Penalties of this policy provide coverage on a claims made and reported basis; except as otherwise provided, coverage under these insuring agreements applies only to claims first made against the insured and reported to underwriters during the policy period. Claims expenses shall reduce the applicable limit of liability and are subject to the applicable retention.

SPECIFIC COVERAGE PROVISIONS:

- A. **Information Security and Privacy Liability** pays on behalf of the Insured/Member damages and claims expenses excess of the retention which the Insured/Member shall become legally obligated to pay because of any claim, including a claim for violation of a privacy law first made against the Insured/Member and reported to underwriters during the policy period for
 - theft, loss or unauthorized disclosure of personally identifiable non-public information or third party corporate information that is in the care, custody or control of the Insured/Member, or an independent contractor that is holding, processing or transferring such information on behalf of the Insured/Member.
 - Acts or incidents that directly result from the failure of computer security to prevent a security breach including
 - Alteration, corruption, destruction, deletion, or damage to a data asset stored on computer systems
 - Failure to prevent transmission of malicious code from computer systems to third party computer systems
 - Participation in a denial of service attack directed against a third party computer system
 - The failure to timely disclose any of the above in violation of any breach notice law
 - The failure to comply with a privacy policy involving the disclosure, sharing or selling of personally identifiable non-public informationThe failure to administer an identity theft prevention program
- B. **Regulatory Defense and Penalties** pays on behalf of the Insured/Member claims expenses and penalties which the Insured/Member shall become legally obligated to pay because of any claim in the form of a regulatory proceeding resulting from a violation of a privacy law and caused by an incident described under certain sections of the information security and privacy liability section of the policy.

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SPECIFIC COVERAGE PROVISIONS:

- C. **Website Media Content Liability** (occurrence based) pays on behalf of the insured damages and claims expenses resulting from any claim made against the Insured/Member for one or more of the following acts committed in the course of covered media activities:
- Defamation, libel, slander, trade libel
 - Privacy violation
 - Invasion or interference with publicity
 - Plagiarism, piracy, misappropriation of ideas under implied contract
 - Infringement of copyright
 - Infringement of domain name, trademark
 - Improper deep-linking or framing within electronic content
- D. **Cyber Extortion** indemnifies the Insured/Member for costs incurred as a result of an extortion threat by a person other than employees, directors, officers, principals, trustees, governors, managers, members, etc.
- E. **First Party Data Protection** indemnifies the Insured/Member for data protection loss as a result of alteration, corruption, destruction, deletion, damage or inability to access data assets.
- F. **First Party Network Business Interruption** indemnifies the Insured/Member for business interruption loss as a direct result of the actual and necessary interruption or suspension of computer systems and is directly caused by a failure of computer security to prevent a security breach.

EXCLUSIONS (INCLUDING BUT NOT LIMITED TO):

Coverage does not apply to any claim or loss from

1. Bodily Injury or Property Damage
2. Any employer-employee relations, policies, practices
3. Contractual Liability or Obligation
4. Any actual or alleged act, error or omission or breach of duty by any director, officer, manager if claim is brought by principals, officers, directors, stockholders and the like
5. Anti-Trust violations
6. Unfair trade practices
7. Unlawful collection or acquisition of Personally Identifiable Non-Public Information
8. Distribution of unsolicited e-mails, facsimile, audio or video recording
9. Prior knowledge or previously reported incidents
10. Incidents occurring prior to retroactive date/continuity date
11. Any act, error, omission, of computer security if occurred prior to policy inception
12. Collusion
13. Securities Act Violations
14. Fair Labor Act Violations
15. Discrimination
16. Intentional Acts with regard to Privacy and Security Breach
17. Infringement - Patent and Copyright



Cyber Liability (with APIP)

COVERAGE SUMMARY

EXCLUSIONS (INCLUDING BUT NOT LIMITED TO):

- 18. Federal Trade Commission and related state, federal, local and foreign governmental activities
- 19. Insured vs. Insured
- 20. Money/Securities/Funds Transfer
- 21. Broadcasting, Publications and Advertising
- 22. War and Terrorism
- 23. Radioactive Contamination
- 24. Pollution
- 25. Nuclear Incident

OTHER SERVICES:

Unlimited Access to e-Place Solutions as per attached brochure

HOW TO REPORT A CLAIM:

CLAIMS REPORTING

IMMEDIATE NOTICE must be made to Beazley NY of all potential claims and circumstances (assistance, and cooperation clause applies)

Claim notification under this policy is to:

Beazley Group
Attn: Beth Diamond
1270 Avenue of the Americas
New York, NY 10020
tmbclaims@beazley.com

Alliant Insurance Services, Inc.
100 Pine Street, 11th Floor
San Francisco, CA 94111-5101

Rob Frey
(415) 403-1445
rfrey@alliant.com

Martin Fox-Foster
(415) 403-1417
mfox-foster@alliant.com

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POLICYHOLDER SERVICES

NEW SERVICES INCLUDE

- Training and Awareness Programs
- Animated Staff Training Programs
- Expanded HIPAA Compliance Tools

DATA SECURITY RISK MANAGEMENT

NoDataBreach.com provides risk management policies, procedures, training, and other tools to help insureds prevent a breach of confidential data.

As a Beazley Breach Response® policyholder, you have unlimited access to:

ON-LINE COMPLIANCE MATERIALS

Federal and state compliance materials regarding data security, data breaches, and data privacy, including:

- Quick Tips on many subjects; Summaries of federal/state laws
- Links to statutes & regulations; Sample policies & procedures
- Continuing updates and electronic notification of significant changes to the on-line materials

QUARTERLY NEWSLETTER & "INSTANT ALERTS"

Sent by email, learn about changes in federal and state laws regarding data security, data breach, and data privacy issues; Instant Alerts sent by email for events require immediate attention.

EXPERT SUPPORT ON-LINE

Experts support from consultants/attorneys on data security issues; including:

- Health care & HIPAA compliance issues
- Data breach prevention issues
- Data Security best practices
- Computer forensic issues

STEP-BY-STEP PROCEDURES TO LOWER RISK

Procedures and on-line forms help you:

- Understand the scope of "personal information" ("PI")
- Determine where PI is stored
- Collect and/or retain the minimum amount of PI as required for business needs
- Properly destroy PI that is no longer needed
- Implement an Incident Response Plan

TRAINING MODULES

- Comic Strip training
- Online training programs; Employee training bulletins
- Webinars for privacy compliance and IT staff
- Audio and PodCast training for managers and/or employees

HANDLING DATA BREACHES

Guidance provided to:

- Help prevent data security incidents
- Respond to a data breach



NoDataBreach.com

Powered by ePlace Solutions, Inc.



Fidelity / Crime Insurance Program

COVERAGE SUMMARY

INSURER:
Lloyd's of London

POLICY TERM:
July 1, 2015 to
July 1, 2016

POLICY NO:
B0621PTRU00614



QUESTIONS:

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

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

Hsan Htein
(415) 403-1452
hhtein@alliant.com

NAMED COVERED ENTITY:

California State University Risk Management Authority (CSURMA)

LIMITS: CLAIMS MADE COVERAGE

\$20,000,000 Any One Loss
\$40,000,000 Aggregate

MEMBER DEDUCTIBLE:

\$250,000 Any One Loss

WARRANTIES:

All checks for amounts in excess of \$15,000 must include dual check signatures

TERRITORY:

Worldwide

COVERAGES:

Employee Dishonesty, including Faithful Performance

1. Theft
2. Computer Crime
3. Counterfeiting
4. Forgery

MAJOR EXCLUSIONS:

1. Fines or Penalties
2. Errors and omissions committed by you or your employees
3. Loss caused by anyone owing 10% or more of issued share capital
4. Loss caused by an employee after you are aware they have committed acts of fraud, dishonesty or criminal damages (unless the person who discovers is in collusion with employee)
5. Costs to establish value of a loss (except auditor's fees)
6. Indirect or consequential loss
7. Income or profit
8. Loss resulting from trading insecurities, commodities, etc.
9. Extortion, unless caused by Employee Dishonesty or Computer Crime

DISCOVERY PERIOD:

90 days

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Fidelity / Crime Insurance Program

COVERAGE SUMMARY

HOW TO REPORT A CLAIM:

CLAIMS ADMINISTRATOR:

Financial Lines Claims
ACE Building
100 Leadenhall Street
London, EC3A 3BP

CLAIMS REPORTING:

Within 45 days of discovering a loss (to London)

Alliant Insurance Services, Inc.
100 Pine Street, 11th Floor
San Francisco, CA 94111-5101

Diana Walizada
(415) 403-1453
dwalizada@alliant.com

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IDL / NDI / UI

COVERAGE SUMMARY

INSURER:
California State
University Risk
Management Authority
(CSURMA)

POLICY TERM:
July 1, 2015 to
July 1, 2016



QUESTIONS:

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

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

Hsan Htein
(415) 403-1452
hhtein@alliant.com

NAMED COVERED ENTITY:

California State University Risk Management Authority (CSURMA) – Campuses

COVERAGE:

1. Industrial Disability Leave (IDL)
2. Non-Industrial Disability Leave (NDI)
3. Unemployment Insurance (UI)

COVERAGE DESCRIPTION:

This is a coordinated income benefit program for state employees involving Industrial Disability Leave (IDL), Non-Industrial Disability Leave (NDL), and Unemployment Insurance (UI) as applicable. Income benefits are coordinated with any eligible Workers' Compensation benefits to which the employee is entitled.

PAYMENT OPTION:

Payments will be made for the first three (3) days if an employee is hospitalized during the period or if an employee must stay off work for more than 14 days (if IDL) is selected or 21 days if (TD is selected).

Temporary Disability (TD)

Two-thirds of gross salary up to a statutorily defined maximum per week for injuries on or after January 1, 1994. These payments are based on current statutory benefits. There is no time limit; benefits are payable until the medical disability becomes permanent and stationary. No retirement contributions or voluntary deductions are made. Employees may "direct pay" for health/dental/vision plans.

Industrial Disability Leave (IDL)

Full pay for the first 22 work days of disability, two-thirds thereafter for the balance of 52 weeks. For disability beyond the expiration of IDL benefits, an employee may be eligible to receive Temporary Disability (TD) benefits. While IDL is being paid, normal retirement contributions and voluntary deductions including health/dental/vision plans continue. In addition, sick leave and vacation credits accrue.

Non-Industrial Disability Leave (NDL)

During the period that the claim for Workers' Compensation benefits is being evaluated by the third-party claims administrator, Sedgwick CMS, an employee may submit an application for NDL leave benefits. The claim form must be prepared by the employee and Human Resources, and forwarded to the employee's physician for completion and submission to the California Employment Department for determination of eligibility and benefits.

Sedgwick shall notify the employee of the benefit determination. Within 15 days of receipt of the benefit determination the employee must notify Human Resources of their option selection. If Human Resources is not notified, the employee will automatically receive IDL benefits.

CLAIMS ADMINISTRATOR:

1. Sedgwick CMS (IDL/NDL)
2. TALX (UI)

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IDL / NDI / UI

COVERAGE SUMMARY

HOW TO REPORT A CLAIM:

Sedgwick CMS

Operations Manager
Patricia Daniels
PO Box 3170
Rancho Cordova, CA 945741-3170
(916) 771-2981
patricia.daniels@sedgwickcms.com

TALX

Rose Mizak
Assistant Regional Director
Business Development
10801 National Blvd., #330
Los Angeles, CA 90064
(800) 475-5768 ext. 7689
RMizak@Talx.com

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CSURMA Liability Program

COVERAGE SUMMARY

INSURER:
California State
University Risk
Management Authority
(CSURMA) Self Insured
Program

POLICY TERM:
July 1, 2015 to
July 1, 2016

MOC NO:
CSU-LIAB-1415



NAMED COVER ENTITY:

California State University Risk Management Authority (CSURMA)

COVER MEMBERS:

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

ADDITIONAL INSURED:

Any affiliate institution to whom the Named Insured is obligated by written agreement to provide such coverage as is afforded by this policy.

LIMITS:

\$5,000,000	Ultimate Net Loss for Each Member During the Policy Period; including Bodily Injury, Property Damage and Personal Injury
\$5,000,000	Completed Operations Hazard – Each Occurrence
\$5,000,000	Unfair Employment Practices Liability – Each Occurrence
\$5,000,000	Errors & Omissions, including Directors & Officers Liability – Each Occurrence
\$5,000,000	Employee Benefits Liability
\$5,000,000	Medical Mal Practice

QUESTIONS:

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rleong@alliant.com

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vrin@alliant.com

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hhtein@alliant.com

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CSURMA Liability Program

COVERAGE SUMMARY

SELF-INSURED RETENTION:

\$35,000	Per Occurrence for Dorm Revenue Fund facilities, Student Health Center, Parking, and Continuing Education operations (All Campuses)
\$35,000	Per Occurrence For Only (CSU Bakersfield, CSU Channel Islands, California Maritime Academy, CSU Monterey Bay, CSU Stanislaus)
\$50,000	Per Occurrence For Only (Humboldt State University, CSU San Bernardino, CSU San Marcos)
\$100,000	Per Occurrence For Only (CSU Chancellor's Office, CSU Dominguez Hills, Sonoma State University)
\$250,000	Per Occurrence For Only (CSU Chico, CSU Fresno, CSU Fullerton, CSU Long Beach, CSU Los Angeles, CPSU Pomona, CPSU, San Luis Obispo)
\$500,000	Per Occurrence For Only (CSU East Bay, San Francisco State University)
\$750,000	Per Occurrence For Only (CSU Northridge, San Jose State University)
\$900,000	Per Occurrence For Only (CSU Sacramento, San Diego State University)

COVERED PARTIES:

1. Named Member
2. Elected / Appointed Officials; past or present
3. Employees
4. Volunteers (appointed), including students in community service programs for college credit – see Conditions in Memorandum of Coverage
5. Students in nursing training
6. Additional Covered Party (Additional Insured): automatic if required by contract – see conditions in Memorandum of Coverage

COVERAGES:

1. General Liability
2. Errors & Omissions, including Directors & Officers Liability
3. Employment Practices Liability including "back wages" but no including "forward wages"
4. Discrimination
5. Eminent Domain
6. Inverse Condemnation
7. Mobile Equipment
8. Sexual Harassment
9. Trampolines
10. Watercraft Liability, under 50 feet, or while on shore
11. Management of Construction Projects: covered for projects managed by the Chancellor's Office, campus or both

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CSURMA Liability Program

COVERAGE SUMMARY

EXCLUSIONS:

1. Aircraft: excluded, except static aircraft
2. Airfield
3. Asbestos: covered
4. Assault and Battery
5. Automobiles: excluded, except parking operations (NOTE: auto liability covered separately by the state's self-insurance plan)
6. Contractual Obligation; except for liability assumed in a contract or agreement
7. Electronic Communication; if known to be false
8. Employment Benefits (workers' compensation, disability benefits, etc.)
9. Employment Liability (bodily injury to any employee)
10. Fiduciary Liability; excluded, but will defend
11. Intentional Conduct
12. Lack of Occurrence
13. Lead
14. Medical Malpractice; limited coverage for your employees who are nurses, paramedics, EMTs, speech therapists, speech pathologists, nutritionists, psychologists, audiologists, or physical therapists
15. Nuclear Energy & Material: excluded, except use of radioactive materials in an instructional lab or sponsored research activity
16. Pollution: excluded, except "hostile" fire or if "sudden & accidental"
17. Refund of Taxes, Fees or Assessments, excluded but will defend
18. Silica
19. Subsidence
20. War
21. Watercraft, over 50 feet, or not on shore

HOW TO REPORT A CLAIM:

Zachary Gifford,
Associate Director of Systemwide Risk Management & Public Safety
Direct: (562) 951-4568 / Fax: (562) 951-4859
E-mail: zgifford@calstate.edu

Rebecca Skidmore,
Risk Management Administrative Analyst
Direct: (562) 951-4574 / Fax: (562) 951-4859
E-mail: rskidmore@calstate.edu

PUBLIC ENTITY EXCESS LIABILITY:

Carrier: Ironshore Specialty Insurance Company
Policy No: 000541303
Limits: \$5,000,000 Excess of \$5,000,000

Carrier: Allied World Assurance Company
Policy No: 03057227
Limits: \$10,000,000 Excess of \$10,000,000

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Participant Accident (PAI) Program

COVERAGE SUMMARY

INSURER:
QBE Insurance
Company

POLICY TERM:
July 1, 2015 to
July 1, 2016

POLICY NO:
Various – On File With
Company



QUESTIONS:

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

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

Hsan Htein
(415) 403-1452
hhtein@alliant.com

NAMED COVERED ENTITY:

Group or organization while engaged in CSU or CSU Auxiliary Organization sponsored activity such as:

1. Athletes – including amateur sports, school sports, sports campus
2. Volunteers – including community and non-profit organizations
3. Child Care Centers – including school and church affiliated centers
4. Recreation – including camping, skiing, white water rafting
5. Charities, fundraisers, religious retreats and meetings
6. One-time special events

COVERAGE FEATURES:

Individual Policy Coverage Limits on file with Company

1. High-limit Accident Medical Expense (AME) benefit maximums – up to \$1,000,000
2. Accident Medical Expense Limits: Primary, Primary Excess or Full Excess
3. Optional Catastrophic Plans – up to \$10,000,000
4. Accidental Death & Dismemberment benefits
5. Medical Evacuation and Repatriation benefits available
6. Choice of benefit levels, deductibles and benefit periods
7. Coverage can be extended to administrators, organizers, trainers or supervisors

DISCLAIMERS:

Coverage exclusions and limitations may apply. Availability and coverage levels of some plan features subject to state laws and underwriting requirements.

HOW TO REPORT A CLAIM:

Written notice must be submitted to Claims Administrators within 30 days after a covered loss occurs or begins.

Health Special Risk, Inc. (HSR)
4100 Medical Parkway
Carrollton, Texas 75007-1517
Phone: (972) 512-5600 Fax: (972) 512-5820
(See attached for further info)



Participant Accident (PAI) Program

COVERAGE SUMMARY

CSU Participant Accident Coverage

How to file a Participant Accident Claim

Policy #

Effective

Did you know that missing one item on your claim could delay payment? You can help us speed up the claim process by properly completing and mailing required information. The following guidelines will help you in filling out the forms and gathering information:

- CSU, as the Policyholder, must complete, date, and sign **PART I** of the claim form
- It is mandatory for the claimant, parent or guardian to complete **PART II**, including ALL other insurance information in full detail. Please note that **signatures are required of the claimant, parent or guardian.**
- Eligible expenses will be paid only if they are in excess of other valid and collectible insurance or medical payment plan. If the claimant is covered by any other health insurance or medical payment plan, they must **first submit claim to the primary insurance.** After the primary insurance has paid benefits, then submit this claim form along with all EOB's (Explanation of Benefits) from the primary insurance. If the claimant has no other insurance submit claim form along with itemized medical bills.
- Attach all medical bills. All submitted medical bills must be itemized for service. **A balance due statement is not acceptable and will only delay processing.** A physician's office should submit an invoice per CMS 1500. A hospital and/or emergency room should submit an invoice per UB04. CMS 1500 and UB04 are universal billing forms supplied by the physician's office and/or hospital.
- You should **make copies** of the completed claim form and all itemized bills that are involved in the claim and **KEEP THEM FOR YOUR RECORDS.**
- In the event that a claim is not submitted in full or if additional information is needed, the claim will be pended and the additional information will be requested by HSR. Please forward the requested information immediately so that the claim can be adjudicated in a swift manner. The Explanation of Benefits (information request) will be sent to the address of the injured person listed on the claim form in Part (I).

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.



Participant Accident (PAI) Program

COVERAGE SUMMARY

CLAIM SUBMISSION CHECKLIST

Use the checklist below to assure a properly submitted medical claim is to be sent.

If the injured person has primary health insurance has the claim been submitted first to the primary health insurance company? _____

If the claim has first been submitted to the primary health insurance company, are copies of EOB's (Explanation of Benefits) attached? _____

Is Part (I) of the claim form completed by the Policyholder official or staff member and signed? _____

Is part (II) of the claim form completed by the injured person and signed? _____

Are the attached medical bills in either a CMS 1500 or UB04 form? _____

Is part (I), item number 4 (social security number) completed? _____

Are the attached medical bills in either a CMS 1500 or UB04 form? _____

When the claim form is completed in full, mail the completed claim form, itemized bills and copies of EOB's (Explanation of Benefits) to:

**Health Special Risk
HSR Plaza II
4100 Medical Parkway
Carrollton, TX 75007-1517
Phone: (972) 512-5600
Fax: (972) 512-5820
Toll Free: (866) 523-3186**

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Public Entity Pollution Liability

COVERAGE SUMMARY

INSURER:

Alliant Property Insurance Program (APIP) – Lloyd’s of London

POLICY TERM:

July 1, 2015 to July 1, 2016

RETROACTIVE DATE:

July 1, 2011

**QUESTIONS:**

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

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

Hsan Htein
(415) 403-1452
hhtein@alliant.com

COVERED LOCATION:

1. All locations included on the Member’s Property Schedule
2. Any non-owned disposal site – *for third-party claims only*

COVERED OPERATIONS:

Covered operations means transportation and any operations that are identified in the application and any supporting documentation provided prior to the inception date, which are performed by or on behalf of a named insured outside the physical boundaries of a covered location. Includes spraying operations, street construction and repair, utility construction and repair, and refuse collection.

COVERAGE:

This policy provides coverage for:

1. Third party bodily injury or property damage, remediation costs and associated legal defense expense arising out of a pollution condition on, at, under, or migrating from a covered location, provided that the pollution condition commences on or after the retroactive date
2. Third party bodily injury, property damage, remediation costs and associated legal defense expense resulting from a covered operation, provided that the pollution condition commences on or after the retroactive date.
3. An actual business interruption loss resulting from the discovery of a covered pollution condition
4. Catastrophe management costs
5. Emergency response costs

LIMITS:

\$7,000,000	Per Pollution Condition (Covered under two separate policies)
\$7,000,000	Per Pool Aggregate
\$7,000,000	Business Income & Extra Expense
\$500,000	Catastrophe Management Expense
\$4,500,000	Fungi and Legionella

SELF-INSURED RETENTION:

\$50,000	Per Pollution Condition – CSU (for the first \$5,000,000 of the loss)
\$75,000	Per Pollution Condition – CSU (for losses in excess of \$5,000,000 up to \$7,000,000)
3 Days	Business Interruption (plus 4 additional days if the loss is in excess of \$5,000,000)
\$100,000	Catastrophe Management Expense
\$750,000	Underground Storage Tanks

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Public Entity Pollution Liability

COVERAGE SUMMARY

EXCLUSIONS:

1. Asbestos
2. Contractual Liability
3. Divested Property
4. Employer's Liability
5. Failure to Follow Asbestos and/or LBP Management Plan
6. Fines and Penalties
7. First Party Property Damage – *Does not apply to remediation costs*
8. Fraud or Misrepresentation
9. Insured's Internal Expenses
10. Insured vs. Insured
11. Intentional Non-Compliance
12. Landfills and Recycling Facilities – *leased, owned or operated*
13. Lead-Based Paint
14. Material Change in Risk
15. Naturally Occurring Materials
16. Pre-Existing Conditions
17. Products Liability
18. Professional Liability
19. Regulatory Compliance
20. Underground Storage Tanks
21. Vehicles
22. War or Terrorism
23. Work Product

HOW TO REPORT A CLAIM:

IMMEDIATE NOTICE should be made to ACE Environmental Risk:

To: ACE Environmental Risk Claims Manager
ACE USA Claims
P.O. Box 5103
Scranton, PA 18505-0510
(888) 310-9553

casualtyriskenvironmentalfirstnotice@acegroup.com

cc: Alliant

Michelle Maffei
(415) 403-1418
mmaffei@alliant.com

Martin Fox-Foster
(415) 403-1417
martin.fox-foster@alliant.com

Elaine Kim
(415) 403-1458
ekim@alliant.com

After Hours Reporting:

Robert Frey
(415) 403-1445
(415) 518-8490 (Cell)
rfrey@alliant.com

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CSURMA Property Program

COVERAGE SUMMARY

INSURER:

Alliant Property Insurance Program (APIP) – Various Insurers

POLICY TERM:

July 1, 2015 to July 1, 2016

**COVERED ENTITY:**

California State University Risk Management Authority – Campuses

COVERAGE:

The CSURMA Property Program insures physical damage to buildings and other specified structures. Building contents (furnishings, equipment, etc.) may also be covered as may be required by bond covenants.

COVER MEMBERS:

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

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(415) 403-1452

hhtein@alliant.com

PERILS COVERED:

All risk of direct physical loss or damage occurred during the policy period, subject to the policy exclusions.

MEMBER DEDUCTIBLE:

- | | |
|---------------------|---|
| \$100,000 | Per Occurrence – All Members (except as noted below) |
| \$1,000,000 | Per Occurrence – San Diego State University (SDSU) |
| \$5,000 - \$100,000 | Per Occurrence – Campus 99 (Per file with company) |
| \$50,000 | Cyber Liability – Members w/ TIV up to \$500,000,000 at the time of loss |
| \$100,000 | Cyber Liability – Members w/ TIV greater than \$500,000,000 at time of loss |

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CSURMA Property Program

COVERAGE SUMMARY

	<u>Public Entity Pollution Liability</u>
\$50,000	Per Pollution Condition – CSU (for the first \$5,000,000 of the loss)
\$75,000	Per Pollution Condition – CSU (for losses in excess of \$5,000,000 up to \$7,000,000)
3 Days	Per Pollution Condition - Business Interruption
\$100,000	Per Pollution Condition - Catastrophe Management Expense

The deductibles below apply separately and are not combined with other deductibles when calculating the largest per occurrence deductible:

\$250,000	Flood - Zones A & V
\$100,000	Flood - All Other Zones
\$50,000	Earthquake - Fine Arts
\$10,000	Earthquake – Vehicles and Contractors Equipment – Per Vehicle / Item
\$100,000	Earthquake – Vehicles and Contractors Equipment – Maximum
\$50,000	Flood – Fine Arts
\$10,000	Flood – Vehicles and Contractors Equipment – Per Vehicle / Item
\$100,000	Flood – Vehicles and Contractors Equipment – Maximum

LIMITS:

\$1,000,000,000	Per Occurrence
\$50,000,000	Flood Limit
\$100,000,000	Boiler and Machinery Limit
\$2,500,000	Unscheduled Research Animals for Universities
\$2,000,000	Cyber Liability – Annual Aggregate, Each Insured
\$20,000,000	Cyber Liability – Annual Aggregate, Per Policy

SUB-LIMITS:

\$100,000,000	Combined Business Interruption, Rental Income, Tax Interruption (<i>for scheduled locations – for unscheduled locations - \$500,000 per member, \$2,500,000 per occurrence, \$5,000,000 per occurrence for Tax Interruption</i>)
	Combined Business Interruption, Rental Income, Tax Interruption (<i>for unscheduled locations</i>)
180 Days	<i>Extended Period of Indemnity</i>
\$50,000,000	Extra Expense
\$25,000,000	Miscellaneous Unnamed Location
\$25,000,000	Automatic Acquisition – subject to policy limitations
\$1,000,000	Unscheduled Landscaping
\$5,000,000	Scheduled Landscaping
\$50,000,000	Errors & Omissions
\$25,000,000	Course of Construction and Additions
\$2,500,000	Money & Securities
\$2,500,000	Unscheduled Fine Arts
\$250,000	Accidental Contamination
\$500,000	Tunnels, Bridges, Streets
\$25,000,000	Increased Cost of Construction
\$25,000,000	Transit
\$2,500,000	Unscheduled Animals; \$50,000 per Animal
\$2,500,000	Unscheduled Watercraft; up to 27 feet
\$25,000,000	Off Premises Services Interruption including Extra Expense (<i>\$10,000,000 for Boiler and Machinery</i>)
\$3,000,000	Contingent Business Interruption, Contingent Rental Values

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CSURMA Property Program

COVERAGE SUMMARY

SUB-LIMITS (CONT.):

\$5,000,000	Earthquake for Licensed Vehicles, Unlicensed Vehicles, Contractors Equipment and Fine Arts
\$5,000,000	Flood for Licensed Vehicles, Unlicensed Vehicles, Contractors Equipment and Fine Arts
\$1,000,000	Claim Preparation Expenses
\$50,000,000	Expediting Expenses
\$500,000	Furs, Jewelry, Precious Metals and Precious Stones
\$800,000,000	Terrorism Annual Aggregate (shared by all members)
\$1,000,000	Personal Property Outside the U.S.A.

Public Entity Pollution Liability

\$7,000,000	Per Pollution Condition (Covered under two separate policies)
\$7,000,000	Per Pool Aggregate
\$7,000,000	Business Income & Extra Expense
\$500,000	Catastrophe Management Expense
\$4,500,000	Fungi and Legionella

Cyber Liability

\$2,000,000	Information Security & Privacy Liability - Aggregate
\$500,000	Privacy Notification Costs - Aggregate
\$2,000,000	Penalties for Regulatory Defense and Penalties - Aggregate
\$100,000	PCI Fines and Penalties
\$2,000,000	Website Media Content Liability – Aggregate
\$2,000,000	Cyber Extortion Loss – Aggregate

MAJOR PERILS EXCLUDED:

Consult the policy for a complete list of peril excluded.

1. Moths, vermin, termites, inherent vice, latent defect, faulty materials, error in design, faulty workmanship, wear and tear
2. Normal settling, shrinkage or expansion
3. Delay or loss of market
4. Inventory shortage, dishonest acts of employees
5. Damage to personal property from shrinkage, evaporation, loss of weight, leakage, breakage of fragile articles, marring, scratching, exposure to light or change in color, texture or flavor, unless caused by named perils
6. Damage to personal property in the open caused by rain, sleet or snow
7. War
8. Earthquake

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CSURMA Property Program

COVERAGE SUMMARY

LOSS VALUATION BASIS:

Repair or Replacement Cost
Actual Loss Sustained for Time Element Coverages
Contractor's Equipment / either Replacement Cost or Actual Cash Value (ACV) as declared by each member. If not declared, valuation will default to Actual Cash Value (ACV).

PUBLIC ENTITY POLLUTION LIABILITY SUMMARY – ATTACHED

CYBER LIABILITY SUMMARY – ATTACHED

BOILER AND MACHINERY SUMMARY - ATTACHED

HOW TO REPORT A CLAIM:

Notify Alliant:

Michelle Maffei
(415) 403-1418
mmaffei@alliant.com

Martin Fox-Foster
(415) 403-1417
martin.fox-foster@alliant.com

Elaine Kim
(415) 403-1458
ekim@alliant.com

After Hours Reporting:

Robert Frey
(415) 403-1445
(415) 518-8490 (Cell)
rfrey@alliant.com

cc McLaren's Young:

Cathryn O'Meara
(949) 757-1413
(949) 757-1692 (Fax)
cathryn.omeara@mclarensyoung.com

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Public Entity Physical Damage Program

COVERAGE SUMMARY

INSURER:
AGCS Marine Insurance
Company

POLICY TERM:
July 1, 2015 to
July 1, 2016

POLICY NO:
MXI93058679



NAMED COVERED ENTITY:

California State University Risk Management Authority
CSURMA Auxiliary Organizations Risk Management Alliance (AORMA)
(Participant Members List On File With The Company)

COVERAGE:

All Risk equipment floater including earthquake and flood for equipment on the scheduled of equipment on file with the company

LIMITS OF LIABILITY:

As per individual member schedule as part of the policy

ENHANCED COVERAGE SUBLIMITS:

\$250,000	Additionally Acquired Equipment (45 days)
\$10,000	Temporary Transportation Rental Expense
\$1,000,000	Unscheduled Non-owned Vehicles and Equipment
total /	
\$500,000 any	
one item	

DEDUCTIBLE:

As per schedule on file

PERILS INSURED:

All Risk of direct physical loss or damage, except as excluded

PERILS EXCLUDED:

1. Loss of use
2. Loss or damage to equipment while waterborne
3. Wear and tear, insects/vermin, mechanical breakdown
4. Infidelity of insured's employees
5. Equipment which the insured has loaned
6. Unexplained or mysterious disappearance
7. Nuclear reaction or nuclear radiation
8. Hostile or warlike action

QUESTIONS:

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

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

Hsan Htein
(415) 403-1452
hhtein@alliant.com

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Public Entity Physical Damage Program

COVERAGE SUMMARY

HOW TO REPORT A CLAIM:

CLAIMS REPORTING

Alliant Insurance Services, Inc.
100 Pine Street, 11th Floor
San Francisco, CA 94111-5101

Elaine Kim
(415) 403-1458
ekim@alliant.com

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Student Academic Field Experience for Credit Liability Insurance Program (SAFECLIP)

COVERAGE SUMMARY

INSURER:

Lloyd's of London

POLICY TERM:

July 1, 2015 to
July 1, 2016

POLICY NO:

B0621PCSUR000615

**INSUREDS:**

1. California State University (CSU)
2. All campuses of the CSU
3. Employees, Faculty, Staff of the CSU
4. CSU Students enrolled in Nursing, Allied Health, Social Work, or Education credential programs of the CSU

* Enrolled Students mean students who are enrolled and in good standing while completing an internship and registered/enrolled in a course that requires the internship experience, including academic breaks during the policy period. Enrolled Students also include students who have not received a letter grade in a course (e.g., assigned an "Incomplete"), but remain registered for that course until the Incomplete objectives are met, but for no more than one (1) year from the granting of the Incomplete.

ADDITIONAL INSUREDS:

Any affiliate institution to whom the Named Insured is obligated by written agreement to provide such coverage as is afforded by this policy.

COVERAGES:

1. General Liability
2. Professional Liability

COVERAGE DESCRIPTION:

Covers General Liability and Professional Liability of CSU enrolled students performing community service or volunteer work for academic credit; and students enrolled in radio, television or film credential programs of the CSU.

COVERAGE TERRITORY:

Worldwide, suit must be brought to USA

LIMITS:

- \$2,000,000 Each Loss
- \$4,000,000 Aggregate for all Covered Parties, and not per student

MEMBER'S DEDUCTIBLE:

\$0 Per Claim

PREMIUM RATE:

1. \$5.00 per student performing community service or volunteer work for academic credit and/or students in Radio, Television or Film academic programs.
2. This flat rate is non-refundable, and is not subject to a prorated premium return if student is enrolled for less than one year.

QUESTIONS:

Robert Leong

(415) 403-1441

rleong@alliant.com

Van Rin

(415) 403-1408

vrin@alliant.com

Hsan Htein

(415) 403-1452

hhtein@alliant.com

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Student Academic Field Experience for Credit Liability Insurance Program (SAFECLIP)

COVERAGE SUMMARY

COVERAGE EXTENSION:

1. **Legal Representation:** defense cost included for covered claims.
2. **Personal Injury Liability:** protects up to the Coverage Limits against covered claims arising from charges of privacy violation, libel, slander, assault & battery, and other alleged personal injuries.
3. **School Grievance/ Academic Disciplinary Hearings:** reimburses for expenses incurred for defense of a school grievance or academic disciplinary hearing or proceeding; \$5,000 per proceeding; \$100,000 aggregate.
4. **Damage to Property of Others:** for damage caused accidentally by a Covered Party to the property of others at your location; \$5,000 per incident; \$100,000 aggregate.
5. **Assault Coverage:** covers your medical expenses or reimburses you for damage to your property if you are assaulted at your location; \$5,000 per incident; \$100,000 aggregate.
6. **Medical Payments:** reimbursement of medical expenses to others injured on your location; \$5,000 per incident; \$100,000 aggregate.
7. **First Aid Expenses:** for expenses you incur in rendering first aid to others: \$5,000 per defendant; \$100,000 aggregate.
8. **Defendant Expense Benefit:** reimburses you for lost wages and other expenses incurred when you attend a required trial, hearing or proceeding as a defendant in a covered claim: \$5,000 per defendant; \$100,000 aggregate.

NO EXCLUSION FOR:

1. Sexual Harassment
2. Abuse or Molestation
3. Corporal Punishment

COMMENTS / CONDITIONS:

1. This is a "claims- made" policy. Coverage is only provided for claims which are both: (1) first made against the Insured during the Policy Period; and (2) reported to the Carrier as soon as practicable, but not later than 3 years after the Policy Period. Coverage is only provided for claims arising from Professional Services which are rendered or Incidents which occurred during the Policy Period.
2. CSU students performing community service or volunteer work for academic credit and students enrolled in radio, television or film academic programs of the CSU are covered by the Student Academic Field Experience for Credit Liability Insurance Program (SAFECLIP).
3. Other CSU Students enrolled in Nursing, Allied Health, Social Work, or Education credential programs of the CSU who also perform community service or volunteer work for academic credit are covered by this Student Professional Liability Insurance Program (SPLIP) at no additional premium. Please refer to SPLIP summary for details.

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.



Student Academic Field Experience for Credit Liability Insurance Program (SAFECLIP)

COVERAGE SUMMARY

SERVICE LEARNING COURSES (INCLUDING NOT LIMITED TO):

- | | |
|--------------------------------------|--|
| Accounting | Human Services |
| Afro American Studies | Humanities |
| Agricultural Education | Hutchins School |
| Agricultural Mechanics | Industrial Arts |
| Animal Science | Information Systems |
| Anthropology | Inter, Multi Studies |
| Apparel Merchandising and Management | Japanese |
| Art | Jewish Studies |
| Asn, Eur Arm/American Studies | Journalism |
| Biology | Landscape Architecture |
| Broadcast Communication Arts | Liberal Arts |
| Business | Liberal Studies |
| Chemistry | Library Science |
| Child Development | Linguistics |
| Chinese | Management |
| City and Regional Planning | Marketing |
| Communications | Mathematics |
| Community Services | Mexican American Stds |
| Computer Sciences | Music |
| Creative Arts | Native American Studies |
| Creative Writing | Natural Resources |
| Criminology | Philosophy |
| Curriculum and Instruction | Physical Education |
| Dance | Police Science |
| Design and Industry | Political Science |
| Drama | Public Administration |
| English | Public Relations |
| Environmental Studies | Quantitative Methods |
| Foreign Languages | Radio Television |
| French | Small College |
| Geography | Social Science |
| Geology | Sociology |
| Gerontology | Spanish |
| Government | Special Major |
| History | Tutorials, General, Experiential Studies |
| Holistic Health | Urban Studies |
| Home Economics | Women's Studies |
| Hotel and Restaurant Management | World Business |
| Human Development | |

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Student Academic Field Experience for Credit Liability Insurance Program (SAFECLIP)

COVERAGE SUMMARY

The following course work are not covered under this Student Academic Field Experience for Credit Liability Insurance Program (SAFECLIP), but are covered under the Student Professional Liability Insurance Program (SPLIP):

NURSING, ALLIED HEALTH, SOCIAL WORK, INCLUDING:

- | | |
|-------------------------------------|----------------------|
| Audiology | Occupational Therapy |
| Counseling | Physical Therapy |
| Food and Nutrition | Psychology |
| Health Professions | Recreation Therapy |
| Kinesiology and Exercise Physiology | Social Work |
| Nursing | Speech Therapy |
| Audiology | Occupational Therapy |
| Counseling | Physical Therapy |
| Food and Nutrition | Psychology |

EDUCATION / TEACHING PROFESSIONS, INCLUDING:

- Education
- Education Psychology
- Elementary Education
- Secondary Education
- Special Education

HOW TO REPORT A CLAIM:

Alliant Insurance Services, Inc.
 100 Pine Street, 11th Floor
 San Francisco, CA 94111-5101

Bob Frey
 415-403-1445
rfrey@alliant.com

Martin Fox-Foster
 415-403-1417
mfox-foster@alliant.com

AND

Mendes & Mount LLP
 750 7th Avenue
 New York, NY 100109

Ray Trismen
 212-261-8392
Raymond.trismen@mendes.com

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Student Professional Liability Insurance Program (SPLIP)

COVERAGE SUMMARY

INSURER:

Lloyd's of London

POLICY TERM:

July 1, 2015 to
July 1, 2016

POLICY NO:

B0621PCSUR000415

**INSUREDS:**

1. California State University (CSU)
2. All campuses of the CSU
3. Employees, Faculty, Staff of the CSU
4. CSU Students enrolled in Nursing, Allied Health, Social Work, or Education credential programs of the CSU

* Enrolled Students mean students who are enrolled and in good standing while completing an internship and registered/enrolled in a course that requires the internship experience, including academic breaks during the policy period. Enrolled Students also include students who have not received a letter grade in a course (e.g., assigned an "Incomplete"), but remain registered for that course until the Incomplete objectives are met, but for no more than one (1) year from the granting of the Incomplete.

ADDITIONAL INSUREDS:

Any affiliate institution to whom the Named Insured is obligated by written agreement to provide such coverage as is afforded by this policy.

COVERAGES:

1. General Liability
2. Professional Liability
3. Educator's Errors & Omissions Liability

COVERAGE DESCRIPTION:

Covers General Liability and Professional Liability of CSU students enrolled in a Health Profession practicum, Social Welfare program, Social Work program, or Education Credential program of the CSU who are required by a host institution to obtain general liability and/or professional liability insurance for participation in the institution's affiliation program.

COVERAGE TERRITORY:

Worldwide, suit must be brought to USA

LIMITS:

\$2,000,000 Each Loss
\$4,000,000 Aggregate for all Covered Parties, and not per student

MEMBER'S DEDUCTIBLE:

\$0 Per Claim

PREMIUM RATE:

\$20.00 per student in Nursing, Allied Health, Social Work, or Education
This flat rate is non-refundable, and is not subject to a prorated premium return if student is enrolled for less than one year.

QUESTIONS:

Robert Leong

(415) 403-1441

rleong@alliant.com

Van Rin

(415) 403-1408

vrin@alliant.com

Hsan Htein

(415) 403-1452

hhtein@alliant.com

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Student Professional Liability Insurance Program (SPLIP)

COVERAGE SUMMARY

COVERAGE EXTENSION:

1. **Legal Representation:** defense cost included for covered claims.
2. **Personal Injury Liability:** protects up to the Coverage Limits against covered claims arising from charges of privacy violation, libel, slander, assault & battery, and other alleged personal injuries.
3. **School Grievance/ Academic Disciplinary Hearings:** reimburses for expenses incurred for defense of a school grievance or academic disciplinary hearing or proceeding; \$5,000 per proceeding; \$100,000 aggregate.
4. **Damage to Property of Others:** for damage caused accidentally by a Covered Party to the property of others at your location; \$5,000 per incident; \$100,000 aggregate.
5. **Assault Coverage:** covers your medical expenses or reimburses you for damage to your property if you are assaulted at your location; \$5,000 per incident; \$100,000 aggregate.
6. **Medical Payments:** reimbursement of medical expenses to others injured on your location; \$5,000 per incident; \$100,000 aggregate.
7. **First Aid Expenses:** for expenses you incur in rendering first aid to others: \$5,000 per defendant; \$100,000 aggregate.
8. **Defendant Expense Benefit:** reimburses you for lost wages and other expenses incurred when you attend a required trial, hearing or proceeding as a defendant in a covered claim: \$5,000 per defendant; \$100,000 aggregate.

NO EXCLUSION FOR:

1. Sexual Harassment
2. Abuse or Molestation
3. Corporal Punishment

COMMENTS / CONDITIONS:

1. This is a "claims- made" policy. Coverage is only provided for claims which are both: (1) first made against the Insured during the Policy Period; and (2) reported to the Carrier as soon as practicable, but not later than 3 years after the Policy Period. Coverage is only provided for claims arising from Professional Services which are rendered or Incidents which occurred during the Policy Period.
2. Students enrolled in Nursing, Allied Health, Social Work, or Education credential programs of the CSU who also perform community service or volunteer work for academic credit are covered by this Student Professional Liability Insurance Program (SPLIP) at no additional premium.
3. Other CSU students performing community service or volunteer work for academic credit and students enrolled in radio, television or film academic programs of the CSU are separately covered by the Student Academic Field Experience for Credit Liability Insurance Program (SAFECLIP). Please refer to SAFECLIP summary for details.

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.



Student Professional Liability Insurance Program (SPLIP)

COVERAGE SUMMARY

NURSING PROFESSIONS:

Case Manager
Geriatric Nursing Assistant
Nurses Aide - Facility Setting
Nurses Aide - In-home Setting
Nursing Assistant - Facility Setting
Nursing Assistant - In-home Setting
Home Health Aide
LPN/LVN
Nurse - Anesthetists
Nurse - Midwives
Registered Nurse

Nurse Practitioner:
Geriatric/Adult/Family Planning-GYN
OB-GYN/Acute Critical Care OB-GYN
Pediatric/Neonatal/Family Practice/Acute Care
Psychiatric

ALLIED HEALTH PROFESSIONS:

Art Therapist
Athletic Trainer
Audiologist
Blood Bank Technician
Bio-Medical Technician
Cardiographic Technician
Cardiology Technician
Case Manager
Certified Laboratory Technician
Certified Medical Assistant
Certified Occupational Therapy Assistant
Chiropractic Assistant
Circulation Technician
Clinical Laboratory Technician
Community Health Assistant
Community Health Technician
Corrective Therapist
Dance Therapist
Dental Hygienist
Diagnostic Medical Sonographer
Dialysis Technician
Dietitian
EEG (Electroencephalogram) Technician
EKG (Electrocardiogram) Technician
Optometry Assistant/Technician
Orthopedic Assistant
Podiatrist
Perfusionist
Personal Trainer
Pharmacist
Pharmacist Technician
Physical Therapist
Physical Therapist Assistant
Physician Assistant Podiatric Assistant
Psychologist
Radiation Therapist
Radiological Technician
Recreation Therapist

Electrologist
EMT- Paramedic
EMT- Basic/Intermediate
EMT- Volunteer
Enterostomal Therapist
Exercise Physiologist
Health Educator
Histologic Technician
Hospital Pharmacy Technician
Kinesiologist/Kinesiotherapist
Laboratory Aide
Massage Therapist
Medical Assistant
Medical Laboratory Technician
Medical Records Administrator
Medical Records Technician
Medical Technician
Medical Technician Assistant
Mental Retardation Worker
Music Therapist
Nuclear Medical Technician
Nutritionist
Occupational Therapist
Occupational Therapist Assistant
Rehabilitation Assistant
Rehabilitation Therapist
Respiratory Care Practitioner
Respiratory Care Provider
Respiratory Therapist
Respiratory Therapist Technician
Speech Hearing Therapist
Speech Language Pathologist
Sports Medicine Instructor
Sports Medicine Therapist
Surgical Technician
Vascular Technologists
X-Ray Machine Operator

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Student Professional Liability Insurance Program (SPLIP)

COVERAGE SUMMARY

SOCIAL WORK / SOCIAL WELFARE PROFESSIONS:

Alcohol/Drug Counselor	Licensed Professional Counselor
Bodywork Counselor	Life Coach Counselor
Career Counselor	Marriage/Family Counselor
Case Manager	Mental Health Counselor
Clinical Counselor	Pastoral Counselor
Counselor Educator	Psychological Counselor
Forensic Counselor	Rehabilitation Counselor
Genetic Counselor	Social Worker
Licensed Professional Clinical Counselor	

EDUCATION / TEACHING PROFESSIONS:

School Administration:

Admittance
Desegregation
Enrollment
Expulsion
Extracurricular Activities
Integration

Educational Instruction:

Career Guidance
Guidance Counseling
School Counselor
Student Consumerism
Teaching Assistants

HOW TO REPORT A CLAIM:

Alliant Insurance Services, Inc.
100 Pine Street, 11th Floor
San Francisco, CA 94111-5101

Bob Frey
415-403-1445
rfrey@alliant.com

Martin Fox-Foster
415-403-1417
mfox-foster@alliant.com

AND

Mendes & Mount LLP
750 7th Avenue
New York, NY 100109

Ray Trismen
212-261-8392
Raymond.trismen@mendes.com

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Student Travel Accident

COVERAGE SUMMARY

INSURER:
QBE Insurance
Company

POLICY TERM:
December 31, 2014 to
December 31, 2015

POLICY NO:
NHH000314

A.M. Best Rating:
A



QUESTIONS:

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

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

Hsan Htein
(415) 403-1452
hhtein@alliant.com

NAMED COVER ENTITY:

Trustees of California State University, et al.

COVERED PARTIES:

Enrolled students, including students enrolled only in extended education programs, of the California State University

MEDICAL EXPENSE BENEFIT:

Full Excess

LIMITS:

- \$35,000 Accident Medical Expenses - Total Maximum Benefit Amount
- \$10,000 Accidental Death
- \$10,000 Accidental Dismemberment
- \$500,000 Aggregate Limit of Liability

MEDICAL EXPENSE DEDUCTIBLE:

- \$0 Each covered accident & included covered expense paid under another Health Care Plan
- 180 days First Covered Expenses must be incurred with Benefit Period

HAZARDS INSURED AGAINST:

Injuries to the Covered Parties while:

1. Away from Campus, or
2. Traveling to or from or participating in a school sponsored activity

COVERED ACTIVITIES:

1. Supervised and sponsored activities while away from the campus which are part of a course requirement or are sponsored by an auxiliary organization or other recognized student organization or club
2. Travel to or from intercollegiate athletic events away from campus but does not include participation in such events or practices
3. Overnight supervised and sponsored activities with duration of more than **14 days** and related travel are not covered, or

COVERAGE TERRITORY:

United States

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Student Travel Accident

COVERAGE SUMMARY

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. 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;
10. Travel or activity outside the United States
11. 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;
12. 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 begins or as soon as reasonably possible.

Health Special Risk, Inc. (HSR)

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

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TRUSTEES' ERRORS & OMISSIONS AND FIDUCIARY LIABILITY

COVERAGE SUMMARY

INSURER:

*Starr Underwriting
Agents Limited (Lloyd's
Syndicate)*

POLICY TERM:

*July 1, 2015 to
July 1, 2016*

POLICY NO:

B0621PCSUR000115

**QUESTIONS:**

Robert Leong

(415) 403-1441

rleong@alliant.com

Mimi Long

(415) 403-1423

mlong@alliant.com

Van Rin

(415) 403-1408

vrin@alliant.com

NAMED COVER ENTITY:

California State University Risk Management Authority (CSURMA)
CSURMA Auxiliary Organizations Risk Management Alliance (AORMA)

COVERAGE FORM:

Claims Made Basis

TERRITORY:

Worldwide

LIMITS:

	Trustees' Errors & Omissions
\$2,000,000	Per Claim / Aggregate
\$25,000	Deductible
\$50,000	Deductible Aggregate
	Fiduciary Liability
\$5,000,000	Per Claim / Aggregate
\$350,000	Retention

RETROACTIVE DATE:

10/1/91	The University Corporation, CSU Northridge
2/1/98	Spartan Shops, Inc., San Jose State University
10/1/99	University Student Union, CSU Northridge
7/1/02	San Jose State University Research Foundation
7/1/05	Associated Students, CSU Chico
7/1/07	Associated Students Inc., CSU Los Angeles
7/1/08	CSU Long Beach Research Foundation
4/15/10	Capital Public Radio, CSU Sacramento
7/1/10	Auxiliaries Multiple Employer VEBA
7/1/10	All Other Insureds

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TRUSTEES' ERRORS & OMISSIONS AND FIDUCIARY LIABILITY

COVERAGE SUMMARY

EXCLUSIONS:

1. Fines, Penalties, or Taxes
2. Payments due under a benefit plan or trust, unless recovery is based on a covered wrongful act
3. Personal injury or bodily injury
4. Contractual obligation
5. Illegal remuneration
6. Discrimination in violation of any law
7. Any wrongful act which was reported to a prior insurer
8. Any wrongful act known to the Insured prior to inception of this policy
9. Any deliberately fraudulent or dishonest act; willful violation of a statute or regulation

HOW TO REPORT A CLAIM:

Notify Alliant:

Michelle Maffei
(415) 403-1418
mmaffei@alliant.com

Martin Fox-Foster
(415) 403-1417
martin.fox-foster@alliant.com

Elaine Kim
(415) 403-1458
ekim@alliant.com

After Hours Reporting:

Robert Frey
(415) 403-1445
(415) 518-8490 (Cell)
rfrey@alliant.com



Workers' Compensation Program

COVERAGE SUMMARY

INSURER:

CSURMA – primary
pooled layer coverage

Safety National Casualty
Corporation – excess
coverage

POLICY TERM:

July 1, 2015 to
July 1, 2016

POLICY NO:

CSURMA-WC-1516
SP4049264

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

(415) 403-1441

rleong@alliant.com

Van Rin

(415) 403-1408

vrin@alliant.com

Hsan Htein

(415) 403-1452

hhtein@alliant.com

NAMED COVER ENTITY:

California State University Risk Management Authority (CSURMA)

COVER MEMBERS:

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

COVERAGES:

1. Self Insured Under Layer Workers Compensation
2. Specific Excess Workers' Compensation & Employer's Liability Insurance

LIMITS:**Primary – CSURMA**

- | | |
|-------------|--|
| \$2,500,000 | Workers' Compensation - each accident |
| \$2,500,000 | Employer's Liability - each accident |
| \$2,500,000 | Employer's Liability – each employee for disease |

Excess

- | | |
|-------------|--|
| Statutory | Workers' Compensation – each accident |
| \$2,500,000 | Employer's Liability – each accident |
| \$2,500,000 | Employer's Liability – each employee for disease |

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.



Workers' Compensation Program

COVERAGE SUMMARY

COVERAGES:

1. Allocable Loss Adjustment Expense ("defense costs") included as loss to satisfy the retention
2. All States Coverage
3. USL&H (Incidental Only)
4. Jones Act (Incidental Only)
5. Ninety (90) days' notice to Insured if policy is cancelled by carrier; except for non-payment of premium.

CLAIMS REPORTING:

The Insured has the duty to give immediate (within 30 days) notice to the Company as soon as the risk manager or the individual responsible for claims handling at the office of the Insured has knowledge of any of the following:

1. Any serious injury involving two or more employees;
2. A fatality;
3. An amputation of a major extremity;
4. Any serious head injury (including skull fracture or loss of sight of either or both eyes);
5. Any injury to the spinal cord;
6. Any disability likely to be of more than one year;
7. Any second or third degree burn of 25% or more of the body;

The reopening of any case which may involve the Company.

HOW TO REPORT A CLAIM:

Sedgwick CMS
PO Box 14629
Lexington, KY 40512-4629
Fax: 916-851-8089

Note: Please refer to attached for your Campus' Claim Representative



Workers' Compensation Program

COVERAGE SUMMARY

Sedgwick CMS – CSU Team

Cindy Parker, CSU Program Manager
Tel: 916-771-2907
Email: cindy.parker@sedgwickcms.com

Patricia Daniels, Operations Manager
Tel: 916-771-2981
Cell: 916-626-7226
Email: patricia.daniels@sedgwickcms.com

Send SHC Bills to: Virginia.Potter@sedgwickcms.com or Fax to 916-851-8079

Rancho Cordova Office
Brian Montagnese, Claims Manager
Tel: 916-851-8060
Email: brian.montagnese@sedgwickcms.com

Claim Representative:	Campus:	Tel:	Email:
Stephen Purves	CSU Chico CSU Fresno SDSU FM	916-851-8024	Stephen.purves@sedgwickcms.com
Shanita Drippon	CSU Bakersfield CSU Sacramento	916-851-8022	Shanita.drippon@sedgwickcms.com
Ginger Pierce	CSU Chancellor's Office CSU, Los Angeles FM CPSU, San Luis Obispo	916-851-8032	Ginger.pierce@sedgwickcms.com
Megan Warren	CSU Fullerton CSU Los Angeles	916-851-8057	Megan.warren@sedgwickcms.com
Susan Neville	CSU Northridge CSU San Bernardino	916-851-8054	Susan.neville@sedgwickcms.com
Joanne Michaels	CSU Channel Islands San Diego State University	916-851-8003	Joanne.michaels@sedgwickcms.com
Janel Walencik	CSU Dominguez Hills CSU East Bay	916-851-8016	Janel.walencik@sedgwickcms.com
Maggie Rouse	Humboldt State University CA Maritime Academy Sonoma State University	916-851-8018	Maggie.rouse@sedgwickcms.com
Gabrille Haas	All-high exposure claims Multiple	916-771-2922	Gabrille.haas@sedgwickcms.com

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Workers' Compensation Program

COVERAGE SUMMARY

Oakland Office

Carmen Angeles, Claims Manager
Tel: 510-302-3167
Email: carmen.angeles@sedgwickcms.com

Claim Representative:	Campus:	Tel:	Email:
Daniel Lee	CSU Long Beach	510-302-3164	Daniel.Lee@Sedgwickcms.com
Yvonne Rivera	San Jose State University CSU Stanislaus	510-302-3041	Yvonne.Rivera@sedgwickcms.com
Ginger Pennington	San Francisco State University	866-484-1920	Ginger.Pennington@sedgwickcms.com
Randi Wilson	CSU Monterey Bay CSPU, Pomona CSU San Marcos	510-302-3139	Angela.Crossley@sedgwickcms.com

Medical Only Examiners:	Campus:	Tel:	Email:
Virginia Potter	CSU Chico CSU Dominguez Hills CSU East Bay CSU Fresno Humboldt State University CA Maritime Academy CSU Northridge CSU San Bernardino San Francisco State University San Jose State University Sonoma State University CSU Stanislaus	916-851-8020	Virginia.Potter@sedgwickcms.com
Sadie White	CSU Bakersfield CSU Chancellor's Office CSU Channel Islands CSU Fullerton CSU Long Beach CSU Los Angeles CSU Monterey Bay CSPU, Pomona CSU Sacramento San Diego State University CPSU, San Luis Obispo CSU San Marcos	916-851-8025	Sadie.White@sedgwickcms.com

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