

Workers' Compensation Program July 1, 2014 – July 1, 2015

Insurers:	CSURMA AORMA – Primary pooled layer coverage Safety National Casualty Corporation – excess coverage
Policy No.:	AORMA WC-1415 SP4051106
Named Cover Party:	California State University Risk Management Authority – Auxiliary Organizations Risk Management Alliance (AORMA)
Covered Members:	<ul style="list-style-type: none">• California State University, Bakersfield Auxiliary for Sponsored Programs and Administration• California State University, Bakersfield Foundation• University Glen Corporation• Associated Students of California State University, Chico• The CSU, Chico Research Foundation• Associated Students, California State University, Dominguez Hills• California State University, Dominguez Hills Foundation• Donald P. and Katherine B. Loker University Student Union, Incorporated• Associated Students, California State University, East Bay• California State University, East Bay Foundation, Inc.• California State University, Fresno Association, Inc.• The California State University, Fresno Athletic Corporation• Associated Students, California State University, Fullerton, Inc.• CSU Fullerton Auxiliary Services Corporation• Associated Students, Humboldt State University• Humboldt State University Center Board of Directors• Humboldt State University Sponsored Programs Foundation• Associated Students, California State University, Long Beach• California State University, Long Beach Research Foundation• Forty-Niner Shops, Inc., CSU Long Beach• Cal State L.A. University Auxiliary Services, Inc.• University-Student Union Board, California State University, Los Angeles• The University Corporation at Monterey Bay• Associated Students, California State University, Northridge, Inc.• The University Corporation, CSU Northridge• University Student Union of California State University, Northridge• Associated Students Inc., California State Polytechnic University, Pomona• The Cal Poly Pomona Foundation, Inc.• Associated Students of California State University, Sacramento• University Enterprises, Inc., CSU Sacramento

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 July 1, 2014 – July 1, 2015

- Associated Students Inc., California State University, San Bernardino
- Santos Manuel Student Union of California State University, San Bernardino
- University Enterprises Corporation at CSUSB
- Associated Students, San Diego State University
- Associated Students, Inc., San Francisco State University
- The University Corporation, San Francisco State
- Associated Student, San Jose State University
- San Jose State University Research Foundation
- Spartan Shops, Inc., San Jose State University
- The Student Union of San Jose State University
- The Tower Foundation, San Jose State University
- Associated Students, Inc., California Polytechnic State University at San Luis Obispo
- Cal Poly Corporation
- University Auxiliary and Research Services Corporation
- Associated Students of Sonoma State University
- Associated Students, Inc., California State University, Stanislaus
- University Student Union of California State University, Stanislaus

Coverages:

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

Coverage Limits:

Primary - AORMA

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

Excess

Statutory	Workers' Compensation – each accident
\$5,000,000	Employer's Liability – each accident
\$5,000,000	Employer's Liability – each employee for disease

Coverage Extension(s):

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.

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 July 1, 2014 – July 1, 2015

Claim Reporting:

Written notice to insurer within thirty (30) days required for the following occurrences

- Fatality
- Paraplegics and quadriplegics;
- Amputation of a major extremity
- Brain injury
- Spinal cord injury
- Serious burn injury (2nd or 3rd degree burn of 25% or more of the body)
- Any Occurrence which results in a serious injury to two or more employees
- The reopening of any claim in which a further award might involve
- Claim exceeding 50% of the Self-Insured Retention
- Permanent total disability

Claims Administrator:

Sedgwick CMS
PO Box 14629
Lexington, KY 40512-4629

Katie Brant, Adjuster
Tel: (916) 851-8058
Fax: (916) 851-8079
Email: katie.brant@sedgwickcms.com

Biba Olson, Claims Assistant
Tel: (916) 851-8059
Fax: (916) 851-8079
Email: biba.olson@sedgwickcms.com

Brian Montagnese, Claims Supervisor
Tel: (916) 851-8060
Fax: (916) 851-8079
Email: brian.montagnese@sedgwickcms.com

Trish Daniels, Operation Manager
Tel: (916) 851-771-2981 (office)
Fax: (916) 626-7225 (cell)
Email: patricia.daniels@sedgwickcms.com

SPECIFIC EXCESS
WORKERS' COMPENSATION AND
EMPLOYERS' LIABILITY INSURANCE AGREEMENT

SAFETY NATIONAL CASUALTY CORPORATION

ST. LOUIS, MISSOURI

(Hereinafter called the CORPORATION)

In consideration of the payment of premium and subject to all the terms of this Agreement, hereby agrees with the EMPLOYER named in the Declarations (hereinafter called the EMPLOYER), as follows:

A. Coverage of Agreement

This Agreement applies only to Loss sustained by the EMPLOYER because of liability imposed upon the EMPLOYER by the Workers' Compensation or Employers' Liability Laws of:

- (1) the State(s) designated in the Declarations, or
- (2) other State(s), provided that the Loss shall not be greater than it would have been had liability been imposed by the State(s) specified in the Declarations,

on account of bodily injury by accident or bodily injury by occupational disease due to Occurrences taking place within the Liability Period to Employees of the EMPLOYER engaged in the business operations specified in the Declarations and all other operations necessary, incidental, or appurtenant thereto. Bodily injury includes resulting death.

The inclusion of more than one EMPLOYER in the Declarations shall not increase the EMPLOYER's Self-Insured Retention nor the CORPORATION's Maximum Limit of Indemnity.

The insurance afforded by this Agreement applies to operations in the State(s) specified in the Declarations, including, however, incidental operations conducted by Employees who are regularly engaged in operations in the specified State(s), but who may be temporarily outside the specified State(s).

B. Insurance Under This Agreement

(1) Specific Excess Insurance

With respect to each Occurrence taking place within a Liability Period, the EMPLOYER shall retain as its own Loss, as defined below, the amount specified in Item 7 of the Declarations, and the CORPORATION agrees to reimburse the EMPLOYER only for such Loss in excess of such Self-Insured Retention, subject to the Maximum Limit of Indemnity Per Occurrence, or the Employers' Liability Maximum Limit of Indemnity Per Occurrence, whichever is applicable, as specified in Item 8 of the Declarations. The separate Employers' Liability Maximum Limit of Indemnity Per Occurrence shall not operate, in any case, to increase the total amount the CORPORATION agrees to reimburse the EMPLOYER for Loss per any one Occurrence as per Item 8(a) of the Declarations.

C. Definitions

- (1) "Loss" – shall mean actual payments, less recoveries, legally made by the EMPLOYER to Employees and their dependents in satisfaction of: (a) statutory benefits, (b) settlements of suits and claims, and (c) awards and judgments. Loss shall also include Claim Expenses, paid by the EMPLOYER, as defined in Paragraph (2) of this Section. The term Loss shall not include the items specifically excluded by Paragraph (3) of this Section.
- (2) "Claim Expenses" – shall mean court costs, interest upon awards and judgments and the reasonable allocated costs of investigation, adjustment, defense, and appeal, including pension or appeal bond costs (provided that the prosecution of such appeal and/or the posting of such pension or appeal bond is approved by the CORPORATION) of claims, suits or proceedings brought against the EMPLOYER under the Workers' Compensation or Employers' Liability Laws of the State(s) designated in the Declarations, or other State(s), as provided in Section A, even though such claims, suits, proceedings or demands are wholly groundless, false or fraudulent. Claim Expenses shall not include fees to the EMPLOYER's Service Company.
- (3) "Exclusions from Loss" – shall refer to the following amounts paid by the EMPLOYER, and specifically excluded from the term Loss:
 - (a) Salaries, wages, and remuneration provided to Employees;
 - (b) Fees to the EMPLOYER's Service Company and/or costs of self-administration of claims;
 - (c) Punitive or exemplary damages as they relate to claims made under the Employers' Liability coverage provided by this Agreement;
 - (d) Fines or penalties assessed against the EMPLOYER for any violation by the EMPLOYER, or its representative(s), of any statute or regulation, unless the fines or penalties result from a reasonable dispute as to Workers' Compensation benefits owed by the EMPLOYER;
 - (e) Assessments and taxes made upon the EMPLOYER as self-insurer whether imposed by statute, regulation, or otherwise;

(f) Any amounts required to be paid by the EMPLOYER because of:

- 1) Serious and willful misconduct of the EMPLOYER, including intentional torts and intentional acts or omissions resulting in injury, acts or omissions taken with reckless disregard of the possible occurrence of an injury or acts or omissions taken that are substantially certain to result in injury, regardless of whether or not said actions may be classified in the State(s) as intentional torts,
- 2) Coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any Employee and/or related personnel practices, policies, acts or omissions by the EMPLOYER,
- 3) Knowingly employing an Employee in violation of law,
- 4) Rejection by the EMPLOYER of any Workers' Compensation Law,
- 5) Failure to comply with any health, safety, or notification law or regulation,

(g) Loss voluntarily assumed by the EMPLOYER under any contract or agreement, whether express or implied;

(h) Loss for which the EMPLOYER carries a full coverage Workers' Compensation and Employers' Liability policy; and

(i) Any amount owed by the EMPLOYER pursuant to provision of any law that provides non-occupational disability benefits.

(4) "Occurrence" – shall mean accident. In addition, bodily injury by occupational disease must be caused or aggravated by the conditions of employment and shall be deemed to have occurred on the last day of the last exposure to those conditions of employment causing or aggravating such injury by occupational disease, or such dates as is otherwise established by the Workers' Compensation and Employers' Liability Laws of the appropriate State(s). Bodily injury by occupational disease sustained by each Employee shall be deemed to be a separate Occurrence unless such disease results directly from an accident.

(5) "Employee" – as respects liability imposed upon the EMPLOYER by the Workers' Compensation Law of any State, the word Employee shall mean any person performing work which renders the EMPLOYER liable under the Workers' Compensation Law of a State named in Item 2 of the Declarations, which is the State of the injured Employee's normal employment, for bodily injuries or occupational disease sustained by such person.

(6) "State" – shall mean any state, territory, or possession of the United States of America and the District of Columbia.

D. Reimbursement

If the EMPLOYER pays any Loss incurred in any Liability Period in excess of the Self-Insured Retention Per Occurrence, the CORPORATION shall reimburse the EMPLOYER upon receipt of a formal proof of loss and other evidence acceptable to the CORPORATION of such payment. Within a reasonable

period of time, reimbursement payments shall be made by the CORPORATION.

The CORPORATION shall have, and may exercise at any time, and from time to time, the right to offset any balance or balances, whether on account of premiums, Losses or otherwise, due from the EMPLOYER to the CORPORATION against any balance or balances due from the CORPORATION to the EMPLOYER under this Agreement.

E. Liability Period

The liability of the CORPORATION for Loss hereunder shall be determined separately for each Liability Period. The initial Liability Period shall commence at 12:01 A.M. on the Effective Date and end at 12:01 A.M. on the Anniversary Date, designated in Items 3 and 4 respectively, of the Declarations. Each succeeding Liability Period shall begin concurrently with the end of the previous Liability Period and continue for the same number of consecutive months as the initial Liability Period. All time is stated in local time for the State(s) designated in the Declarations.

In the event the EMPLOYER fails to give express written intent to continue coverage at the end of a given Liability Period, the Agreement shall be deemed terminated, and the Anniversary Date shall serve as the termination date of the Agreement.

F. Premium

Upon acceptance of the Agreement and at the beginning of each Payroll Reporting Period, as specified in Item 12 of the Declarations, the EMPLOYER shall pay to the CORPORATION the amount of the Deposit Premium specified in Item 11 of the Declarations. The EMPLOYER shall pay premiums when due. The Deposit Premium shall be held by the CORPORATION until the expiration of the Payroll Reporting Period. Within thirty (30) days after the close of each Payroll Reporting Period, the EMPLOYER shall render to the CORPORATION a report, upon a form satisfactory to the CORPORATION, exhibiting, by classification, the amount of such remuneration earned by Employees during such reporting period, and the EMPLOYER shall therewith pay to the CORPORATION the excess of the Earned Premium over the Deposit Premium previously paid. In case the Deposit Premium paid exceeds the Earned Premium, the CORPORATION shall return to the EMPLOYER the amount of such excess or give appropriate credit, subject to the proportion of Minimum Premium for the Liability Period in the case of multi-year Liability Periods.

Upon expiration of a Liability Period, a summary of voluntary payroll reports for such Liability Period shall be made to determine the Earned Premium under this Agreement. In no event, however, shall the Earned Premium in respect of any Liability Period be less than the Minimum Premium specified in the Declarations.

For each Payroll Reporting Period, the CORPORATION shall compute the Earned Premium as follows:

- (1) Remuneration – The remuneration earned, or man hours accumulated during such period by all Employees, including volunteers, engaged in each classification covered by this Agreement shall be computed in accordance with the rules set forth in the appropriate Manual of Workers' Compensation and Employers' Liability Insurance.
- (2) Manual and Standard Premium – The remuneration, or man-hours, so computed for Employees engaged in each such classification shall be multiplied by the Manual Rate per \$100 of remuneration/man-hour, in effect at the inception of each Payroll Reporting Period, and the products so obtained shall be added together to determine the Manual Premium. An Experience Modification Factor may be applied to the Manual Premium to determine a Standard Premium. Such Experience Modification Factor shall be determined at the inception of this Agreement and is subject to annual review and possible revision. A Standard Premium takes precedence over any Manual Premium.
- (3) Earned Premium – Against the Manual or Standard Premium shall be applied the Premium Rate, as specified in Item 9 of the Declarations, to determine the appropriate Earned Premium.

This Agreement is issued by the CORPORATION and accepted by the EMPLOYER subject to the agreement that, in the event of any change in the Rates per \$100 remuneration/man-hour, as stated in Item 6 of the Declarations, because of any general rate increase or any legislative amendment affecting the benefits under the Workers' Compensation Law of any State(s) named in Item 2 of the Declarations, such change, upon the effective date thereof, shall be, without endorsement, made a part of this Agreement.

G. Self-Insurer

The EMPLOYER, by acceptance of this Agreement, warrants that it is a duly qualified Self-Insurer in the State(s) designated in the Declarations, and will continue to maintain such qualifications during the currency of this Agreement. In the event the EMPLOYER should at any time while this Agreement is in force terminate such qualifications or if they should be cancelled or revoked, such loss of qualifications shall operate as notice of cancellation of this Agreement by the EMPLOYER, subject to the additional terms of the Cancellation Section of this Agreement.

H. Service and Administration

This Agreement contemplates the concurrent and continued existence of a separate service agreement between the EMPLOYER and the Service Company, its designated representative, named in Item 5 of the Declarations, providing services approved by the CORPORATION. The EMPLOYER agrees that its Service Company shall furnish the CORPORATION with quarterly loss runs concurrent with each Liability Period of this Agreement. The provision of loss runs alone does not relieve the EMPLOYER of its reporting obligations as set forth in Section I of this Agreement. In

addition, the electronic transfer of loss information by a Service Company of the EMPLOYER shall not constitute notice of a claim.

Cancellation of the service agreement between the Service Company and the EMPLOYER shall operate as a notice of cancellation of this Agreement by the EMPLOYER, subject to the additional terms of the Cancellation Section of this Agreement. Any change in service companies must be immediately communicated to and approved by the CORPORATION, and this obligation shall survive the termination or non-renewal of this Agreement.

I. Prompt Reporting of Claims

As soon as the EMPLOYER becomes aware, the EMPLOYER must provide prompt notice to the CORPORATION of: (a) any claim or action commenced against the EMPLOYER which exceeds, or is likely to exceed, fifty percent (50%) of the Self-Insured Retention Per Occurrence specified in Item 7 of the Declarations and (b) the reopening of any claim in which a further award might involve liability of the CORPORATION under this Agreement.

In addition, the following categories of claims shall be reported to the CORPORATION immediately, regardless of any question of potential involvement of the CORPORATION:

1. Fatalities;
2. Paraplegics and quadriplegics;
3. Serious burns, defined as 2nd or 3rd degree burns involving 25% or more of the body;
4. Brain injury;
5. Spinal cord injury;
6. Amputation of a major extremity; and
7. Any Occurrence which results in a serious injury to two or more Employees.

If the CORPORATION is prejudiced by the EMPLOYER's failure to provide prompt notice of a claim in accordance with the requirements set forth above and/or as otherwise provided by the Law of any State(s), the CORPORATION may elect to deny coverage for Loss arising from such claim. To constitute prompt, sufficient notice, the EMPLOYER must provide complete information as to the details of the injury, disease, or death.

J. Defense of Claims

The EMPLOYER shall investigate and settle or defend all claims and shall conduct the defense and appeal of all actions, suits, and proceedings commenced against it. The EMPLOYER shall forward promptly to the CORPORATION copies of any pleadings or reports as may be requested. The CORPORATION shall not be obliged to assume charge of the investigation, defense, appeal or settlement of any claim, suit, or proceeding brought against the EMPLOYER, but the CORPORATION shall be given the opportunity to investigate, defend, or participate with the EMPLOYER in the investigation and defense of any claim, if, in the opinion of the CORPORATION, its liability under this Agreement might be involved.

K. Good Faith Claims Administration

The EMPLOYER shall use diligence, prudence, and good faith in the investigation, defense, pursuit of recovery from others and settlement of all claims. The EMPLOYER shall not unreasonably refuse to settle any claim which, in the exercise of sound judgment with respect to the entire claim, should be settled, provided, however, that the EMPLOYER shall not make any payment or agree to any settlement for any sum which would involve the limits of the CORPORATION's liability hereunder without the approval of the CORPORATION.

If the CORPORATION is prejudiced by the EMPLOYER's failure to exercise diligence, prudence, and good faith, the CORPORATION may elect to disclaim coverage for Loss from such claim.

L. Inspection and Audit

The CORPORATION shall have the right, but not the obligation, to inspect the premises and equipment and/or to audit the books and records of the EMPLOYER and of its agents and representatives, including all records relating to payroll and claims matters, at any reasonable time during the period of this Agreement and within three (3) years after final settlement of all claims due to Occurrences happening during the term of this Agreement. An audit to determine Manual or Standard Premium shall supersede any and all prior voluntary payroll reports by the EMPLOYER, and will be used to determine the final adjustment of premiums due to the CORPORATION. Should a determination be made that additional audit premium is due to the CORPORATION, the due date for payment of such audit premium shall be thirty (30) days after the date of billing.

M. Other Insurance

If the EMPLOYER carries other valid and collectible insurance, reinsurance, or indemnity with any other insurer or reinsurer covering a Loss also covered by this Agreement (other than insurance or reinsurance that is purchased to apply in excess of the sum of the Self-Insured Retention and the Maximum Limits of Indemnity hereunder), the insurance afforded by this Agreement shall apply in excess of and shall not contribute with such other insurance or reinsurance.

N. Recovery from Others

The EMPLOYER agrees to prosecute any and all valid claims the EMPLOYER may have against any other party or source that may mitigate any Loss under this Agreement and return to the CORPORATION any amount so recovered, less the reasonable expense of collecting such amounts.

The CORPORATION shall have the EMPLOYER's rights to prosecute any and all valid claims against any other party or source that may mitigate any Loss under this Agreement. The EMPLOYER agrees that it will assist the CORPORATION in any prosecution of any and all valid claims against any other party or source that may mitigate any Loss under this Agreement. Any amounts recovered by the EMPLOYER or the CORPORATION from any party or source that may

mitigate any Loss under this Agreement shall first be used to pay the expenses of collection and to reimburse the CORPORATION for any amount it may have paid the EMPLOYER for the Liability Period concerned, and all remaining amounts collected shall be paid to the EMPLOYER.

O. Change in Agreement

No condition, provision, or declaration of this Agreement shall be waived or altered at any time, except as specified in Section F, except by endorsement signed by the President or a Senior Vice President and the Secretary or an Assistant Secretary of the CORPORATION.

This Agreement hereby terminates, supersedes, and replaces all previously issued Workers' Compensation Insurance or Reinsurance Agreements, as amended, between the EMPLOYER and the CORPORATION.

If terms of this Agreement are in conflict with any law applicable to this Agreement, this statement amends this Agreement to conform to such law. In addition, in the event any terms are in conflict with applicable laws, the remaining terms of the Agreement shall be enforceable.

P. Cancellation

This Agreement may be cancelled by either party giving the other party written notice not less than sixty (60) days prior to the date of cancellation, except, that if the CORPORATION cancels for non-payment of any premium, the cancellation shall become effective ten (10) days after dispatch of notice by the CORPORATION. The date of cancellation then becomes the termination date of the final Liability Period. This Agreement does not apply to Loss as a result of Occurrences taking place after the effective date of such cancellation.

If cancellation is effected by the EMPLOYER, the Manual or Standard Premium shall be determined by the short rate tables used for casualty insurance, and the Earned Premium shall be the product of the Premium Rate (Item 9) times the Manual or Standard Premium (or the Total Annual Remuneration) so arrived at, but not less than the Minimum Premium specified in the Declarations.

If cancellation is effected by the CORPORATION for non-payment of premium, the EMPLOYER shall pay the CORPORATION Earned Premium for the period up to the date of cancellation.

If the CORPORATION cancels for any other reason, the Manual or Standard Premium (or the Total Annual Remuneration) shall be determined upon a pro rata basis and the Earned Premium adjusted in accordance therewith.

Q. Assignment

An assignment of interest under this Agreement will not bind the CORPORATION unless an endorsement signed by the President or a Senior Vice President and the Secretary or an Assistant Secretary of the CORPORATION assigning interest under this Agreement is issued by the CORPORATION.

R. Bankruptcy or Insolvency of Employer

The bankruptcy or insolvency of the EMPLOYER will not relieve the CORPORATION or the EMPLOYER of its duties and liabilities under this Agreement. After payments have been made by or on behalf of the EMPLOYER, reimbursements due under this Agreement will be made by the CORPORATION as if the EMPLOYER had not become bankrupt or insolvent, but not in excess of the CORPORATION's limit of indemnity.

S. Sole Representative

If more than one EMPLOYER is named in Item 1 of the Declarations, or an endorsement related thereto, the EMPLOYER first named in Item 1, or a related endorsement, will act on behalf of all EMPLOYERS to give or receive notice of cancellation, to receive return premium or reimbursement, or to request changes in this Agreement.

T. Acceptance

By acceptance of this Agreement, the EMPLOYER agrees that the statements in this Agreement, in the Declarations, and

in the application are the EMPLOYER's representations; that this Agreement is issued in reliance upon such representations; that this Agreement embodies all agreements existing between the EMPLOYER and the CORPORATION, or any of its agents, relating to this excess insurance, and that full compliance by the EMPLOYER with all terms of this Agreement is a condition precedent to the CORPORATION's liability hereunder.

IN WITNESS WHEREOF, SAFETY NATIONAL CASUALTY CORPORATION has caused this Agreement to be executed by printing below the facsimile signatures of its President and Secretary and by the actual signature of its Secretary on the Declarations.



Secretary



President

SAFETY NATIONAL CASUALTY CORPORATION1832 SCHUETZ ROAD
ST. LOUIS, MO 63146-3540**DECLARATIONS – SPECIFIC EXCESS****SP 4051106**

Item 1. Employer: AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE INCLUDING ONLY THE INSURED MEMBERS OF THE ALLIANCE (PER ENDORSEMENT 0217)

Address: 401 GOLDEN SHORE, 5TH FLOOR, LONG BEACH, CA 94596

Item 2. This Agreement covers all business operations of the EMPLOYER as a Self-Insurer in the following State(s): CALIFORNIA

Item 3. Effective Date: 12:01 A.M. July 01, 2014

Item 4. Anniversary Date: 12:01 A.M. July 01, 2015

Item 5. The Service Company shall be SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.

Item 6. CLASSIFICATIONS OF OPERATIONS	Code Number	Estimated Total Annual Remuneration/Manhours	Rate Per \$ 100 Remuneration/Manhours
See Attached			
	Total Estimated Manual Premium		N/A
	SNCC Experience Modification Factor		N/A
	Total Estimated Standard Premium		N/A

Item 7. Self-Insured Retention Per Occurrence \$ 500,000

Item 8. (a) Maximum Limit of Indemnity Per Occurrence Statutory
(b) Employers' Liability Maximum Limit of Indemnity Per Occurrence See Endt 0288 & 0467

Item 9. Premium Rate \$ 0.1605 per \$100 of Payroll

Item 10. Minimum Premium for the Liability Period \$ 483,420

Item 11. Deposit Premium for the Payroll Reporting Period \$ 483,420

Item 12. Payroll Reporting Period Annually as of July 01

Item 13. Endorsements See Endorsement Schedule

Signed at St. Louis, Missouri on July 30, 2014

Secretary

Countersigned this day of

By: N/A

1005 00 1101 (XWC)

ITEM 6

RE: AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE, ET AL

Policy No: SP 4051106

Effective Date: 12:01 A.M. July 01, 2014

Declarations:

Item 6.

St	Classifications of Operations	Code No.	Estimated Total Annual Remuneration/ Manhours	Rate per \$100 Remuneration/ Manhours	Estimated Premium
CA	Clerical, Administrative & Non-manual , Non-instructional	1001	\$ 131,406,891	N/A	N/A
	Professional/Student Activity Functions, Consulting, Center Aspects of Performing Arts & Off-Site Work Not Physical in Nature	1002	\$ 75,227,535		
	All Retail Operation, Except Food Service	1004	\$ 9,936,092		
	Sports/Activity/Day Care Centers	1005	\$ 26,411,232		
	Food Service	1006	\$ 29,655,503		
	Manual Labor and/or Use of Machinery or Chemicals, or Work is Largely of a Physical Nature	1007	\$ 28,558,972		
			----- \$ 301,196,225		
		Total Payroll	\$ 301,196,225		

1004 00 1101 (XWC)

Endorsement Schedule

RE: AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE, ET AL

Policy No: SP 4051106

Effective Date: 12:01 A.M. July 01, 2014

Number	Title
0217 00 1293 (XWC)	EMPLOYER DELINEATION OF INSURED MEMBERS
0105 00 0712 (XWC)	CALIFORNIA CANCELLATION PROVISION
0245 00 1291 (XWC)	MARITIME COVERAGE ENDORSEMENT
0276 02 0408 (XWC)	BROAD FORM ALL STATES FOR EMPLOYEE TRAVEL
0288 00 0908 (XWC)	EMPLOYERS' LIABILITY PER OCCURRENCE & AGGREGATE MAXIMUM LIMITS OF LIABILITY
0293 05 1006 (XWC)	FOREIGN VOLUNTARY WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY
0345 12 1112 (XWC)	EXCLUDED BUSINESS OPERATIONS
0467 02 1105 (XWC)	EMPLOYERS' LIABILITY MAXIMUM LIMIT AND AGGREGATE MAXIMUM LIMIT OF INDEMNITY
1061 10 1207 (XWC)	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
1810 01 0712 (XWC)	CALIFORNIA SHORT RATE CANCELLATION PROVISION - SPECIFIC EXCESS

ENDORSEMENT

EMPLOYER DELINEATION OF INSURED MEMBERS

Effective 12:01 A.M., Local Time, July 01, 2014

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed that Item 1 of the Declarations, EMPLOYER, shall include only the following Insured Members:

INSURED MEMBER

ASSOCIATED STUDENTS INCORPORATED, CALIFORNIA POLYTECHNIC, POMONA
ASSOCIATED STUDENTS INCORPORATED, CALIFORNIA POLYTECHNIC, SAN LUIS OBISPO
ASSOCIATED STUDENTS INCORPORATED, CALIFORNIA STATE UNIVERSITY, STANISLAUS
ASSOCIATED STUDENTS INCORPORATED, CALIFORNIA STATE UNIVERSITY, CHICO
ASSOCIATED STUDENTS INCORPORATED, CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS
ASSOCIATED STUDENTS INCORPORATED, CALIFORNIA STATE UNIVERSITY, EAST BAY
ASSOCIATED STUDENTS INCORPORATED, CALIFORNIA STATE UNIVERSITY, FULLERTON
ASSOCIATED STUDENTS INCORPORATED, CALIFORNIA STATE UNIVERSITY, LONG BEACH
ASSOCIATED STUDENTS INCORPORATED, CALIFORNIA STATE UNIVERSITY, NORTHRIDGE
ASSOCIATED STUDENTS INCORPORATED, CALIFORNIA STATE UNIVERSITY, SACRAMENTO
ASSOCIATED STUDENTS INCORPORATED, CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
ASSOCIATED STUDENTS INCORPORATED, SAN DIEGO STATE UNIVERSITY
ASSOCIATED STUDENTS INCORPORATED, SAN FRANCISCO STATE UNIVERSITY
ASSOCIATED STUDENTS INCORPORATED, SAN JOSE STATE UNIVERSITY
ASSOCIATED STUDENTS INCORPORATED, SONOMA STATE UNIVERSITY
ASSOCIATED STUDENTS, HUMBOLDT STATE UNIVERSITY
CALIFORNIA POLYTECHNIC CORPORATION
CALIFORNIA POLYTECHNIC POMONA FOUNDATION
CALIFORNIA STATE FULLERTON UNIVERSITY AUXILIARY SERVICES CORPORATION
CALIFORNIA STATE LOS ANGELES UNIVERSITY AUXILIARY SERVICES, INC.
CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION
CALIFORNIA STATE UNIVERSITY CHICO RESEARCH FOUNDATION
CALIFORNIA STATE UNIVERSITY LONG BEACH FOUNDATION
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD, AUXILIARY FOR SPONSORED PROGRAMS
ADMINISTRATION
CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS FOUNDATION
CALIFORNIA STATE UNIVERSITY, EAST BAY FOUNDATION, INCORPORATED
CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION
CESAR CHAVEZ STUDENT CENTER, SAN FRANCISCO STATE UNIVERSITY
DONALD P. & KATHERINE B. LOKER UNIVERSITY STUDENT UNION INCORPORATION, CALIFORNIA
STATE UNIVERSITY, DOMINGUEZ HILLS
FORTY-NINER SHOPS, INC. CALIFORNIA STATE LONG BEACH
HUMBOLDT STATE UNIVERSITY CENTER
HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAM FOUNDATION
SAN JOSE STATE UNIVERSITY RESEARCH FOUNDATION
SANTOS MANUEL STUDENT UNION AT CALIFORNIA STATE UNIVERSITY SAN BERNARDINO
SPARTAN SHOPS, INC., SAN JOSE STATE UNIVERSITY
STUDENT UNION OF SAN JOSE STATE UNIVERSITY
THE ATHLETIC CORPORATION, CALIFORNIA STATE UNIVERSITY FRESNO
THE TOWER FOUNDATION, SAN JOSE STATE UNIVERSITY
THE UNIVERSITY CORPORATION AT MONTEREY BAY
THE UNIVERSITY CORPORATION, CALIFORNIA STATE UNIVERSITY NORTHRIDGE
THE UNIVERSITY CORPORATION, SAN FRANCISCO STATE

ENDORSEMENT (CONTINUED)

UNIVERSITY AUXILIARY AND RESEARCH SERVICES CORPORATION AT CALIFORNIA STATE
UNIVERSITY, SAN MARCOS
UNIVERSITY ENTERPRISES CORPORATION AT CSUSB
UNIVERSITY ENTERPRISES, INC., CALIFORNIA STATE UNIVERSITY SACRAMENTO
UNIVERSITY GLEN CORPORATION, CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS
UNIVERSITY STUDENT UNION OF CALIFORNIA STATE UNIVERSITY, STANISLAUS
UNIVERSITY STUDENT UNION, CALIFORNIA STATE UNIVERSITY LOS ANGELES
UNIVERSITY STUDENT UNION, CALIFORNIA STATE UNIVERSITY NORTHRIDGE

No other members shall be considered Insured members unless approved by the CORPORATION and added by endorsement to this Agreement. The effective date of coverage of additional Insured members shall be the effective date of the endorsement. Regardless of the effective date of coverage of an Insured Member, all coverage for all Insured Members shall terminate concurrent with the expiration of the final Liability period. And, further, provided that stipulations by and notices, billings and payments to or by any EMPLOYER shall be binding upon all other EMPLOYERS and Insured Members named herein; providing further, that the inclusion herein of more than one EMPLOYER or Insured Members shall not operate to increase or multiply the Maximum Limit(s) of Indemnity.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4051106, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE, ET AL, dated July 01, 2014.

SAFETY NATIONAL CASUALTY CORPORATION



Secretary



President

ENDORSEMENT

CALIFORNIA CANCELLATION PROVISION

Effective 12:01 A.M., Local Time, July 01, 2014

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed as follows:

The first sentence of the first paragraph of the Cancellation Section of this Agreement is hereby deleted in its entirety as replaced with the following:

The EMPLOYER may cancel this Agreement by giving the CORPORATION written notice within sixty (60) days prior to the date of cancellation. The CORPORATION may only cancel this Agreement for one or more of the following reasons; however, no notice of cancellation by the CORPORATION shall be effective unless it also complies with the notice requirements of this Endorsement:

- (1) The EMPLOYER'S failure to make any insurance premium payment when due.
- (2) The EMPLOYER'S failure to report payroll, to permit the CORPORATION to audit payroll as required by the terms of the Agreement or of a previous Agreement issued by the CORPORATION, or to pay any additional premium as a result of an audit of payroll as required by the terms of the Agreement or a previous Agreement.
- (3) The EMPLOYER'S material failure to comply with federal or state safety orders or written recommendations of the CORPORATION'S designated loss control representative.
- (4) A material change in any change in the EMPLOYER'S business or operations that materially increases the hazard for frequency or severity of loss, requires additional or different classifications for premium calculations, or contemplates an activity excluded by the CORPORATION'S reinsurance treaties.
- (5) Material misrepresentation by the EMPLOYER or its agent.
- (6) Failure to cooperate with the CORPORATION in the CORPORATION'S investigation of a claim.

This Agreement may not be cancelled by the CORPORATION for the conditions specified in paragraph (1), (2), (5), or (6) above except upon ten (10) days' written notice to the EMPLOYER by the CORPORATION. This Agreement shall not be cancelled by the CORPORATION for the conditions specified in paragraph (3) or (4) above except upon thirty (30) days' written notice to the EMPLOYER by the CORPORATION provided that no notice is required if the EMPLOYER and the CORPORATION consent to the cancellation and the reissuance of the Agreement effective upon a material change in the ownership or operations of the EMPLOYER. If the EMPLOYER remedies the condition to the CORPORATION'S satisfaction within the specified time period, the Agreement shall not be cancelled by the CORPORATION.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4051106, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE, ET AL, dated July 01, 2014.

SAFETY NATIONAL CASUALTY CORPORATION



Secretary



President

0245 00 1291 (XWC)

ENDORSEMENT

MARITIME COVERAGE ENDORSEMENT

Effective 12:01 A.M., Local Time, July 01, 2014

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed as follows:

The coverage afforded by Employers' Liability Laws, as specified in this Agreement, shall include Loss on account of bodily injury to a master or member of the crew of a vessel, subject to the following additional provisions:

This coverage does not include Loss on account of:

1. bodily injury covered by a Protection and Indemnity Policy or similar policy issued to the EMPLOYER or for the EMPLOYER'S benefit. This exclusion applies even if the other policy does not apply because of an other insurance clause, deductible or limitation of liability clause, or any similar clause.
2. the EMPLOYER'S duty to provide transportation, wages, maintenance and cure.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4051106, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE, ET AL, dated July 01, 2014.

SAFETY NATIONAL CASUALTY CORPORATION



Secretary



President

ENDORSEMENT

BROAD FORM ALL STATES FOR EMPLOYEE TRAVEL

Effective 12:01 A.M., Local Time, July 01, 2014

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed that this Agreement shall include the following:

1. If the EMPLOYER undertakes operations in or, at the request of the EMPLOYER, an Employee travels to or is temporarily assigned to, any State not designated in Item 2 of the Declarations, this Agreement applies to such operations, travel or temporary assignment. Should EMPLOYER undertake operations in a state not designated in Item 2 of the Declarations, the EMPLOYER shall give notice to the CORPORATION before or within a reasonable time after the commencement of such operations. The EMPLOYER shall take whatever action is necessary to come within the Workers' Compensation and occupational disease laws of such State.
2. Should an Employee, at the direction of the EMPLOYER, travel to or be temporarily assigned to any State or States not designated in Item 2 of the Declarations, this Agreement shall provide coverage for Loss sustained by the EMPLOYER because of liability imposed upon the EMPLOYER by the Workers' Compensation or Employers' Liability Laws of such non-designated State.
3. This Agreement also applies to Loss sustained by the EMPLOYER because of liability imposed upon the EMPLOYER by the Workers' Compensation and Employers' Liability Laws of such non-designated State.
4. Any Loss covered by this Endorsement shall be subject to all the limitations of this Agreement including but not limited to the Self-Insured Retention Per Occurrence or the Limitation Per Occurrence and the Maximum Limit(s) of Indemnity of the CORPORATION for the Liability Period.
5. The word "State" as used in this Endorsement shall mean any State of the United States of America and the District of Columbia.
6. The insurance afforded by this Endorsement does not cover fines or penalties imposed on the EMPLOYER for failure to comply with the requirements of any Workers' Compensation Law.
7. All of the provisions of this Agreement, insofar as such provisions are not inconsistent herewith, are applicable to the insurance afforded by the Agreement by virtue of this Endorsement.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4051106, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE, ET AL, dated July 01, 2014.

SAFETY NATIONAL CASUALTY CORPORATION


Secretary


President

0288 00 0908 (XWC)

ENDORSEMENT

EMPLOYERS' LIABILITY PER OCCURRENCE & AGGREGATE MAXIMUM LIMITS OF LIABILITY

Effective 12:01 A.M., Local Time, July 01, 2014

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed as follows:

Section B., Insurance Under This Agreement, Specific Excess Insurance, is amended to include:

With respect to each Occurrence taking place within a Liability Period, the CORPORATION agrees to reimburse the EMPLOYER against Loss in excess of the Self-Insured Retention Per Occurrence, subject to the Employers' Liability Maximum Limit of Indemnity Per Occurrence and further subject to an Employers' Liability Aggregate Maximum Limit of Liability with respect to all Occurrences taking place within the Liability Period.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4051106, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE, ET AL, dated July 01, 2014.

SAFETY NATIONAL CASUALTY CORPORATION



Secretary



President

ENDORSEMENT

FOREIGN VOLUNTARY WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

Effective 12:01 A.M., Local Time, July 01, 2014

SECTION 1. SCOPE OF INSURANCE

- A. The insurance afforded by this Agreement also applies to Employees, as defined in Section 2 of this Endorsement, who are employed to work at locations within the following country or countries:

anywhere in the world outside the United States or United States possessions and territories, except: Afghanistan, Algeria, Belarus, Burma, Burundi, Central African Republic, Chad, Colombia, Cote d'Ivoire, Cuba, Democratic Republic of Congo, El Salvador, Eritrea, Guinea, Haiti, Honduras, Iran, Iraq, Israel, Kenya, Lebanon, Libya, Mali, Mauritania, Niger, Nigeria, North Korea, Pakistan, Philippines, Republic of South Sudan, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, Ukraine, Venezuela, West Bank and Gaza, Yemen, and Zimbabwe.

- B. Benefits payable under this Endorsement are the same as those that would be payable if the Employees in question were subject to the Worker's Compensation Law of the following State or States: CALIFORNIA
- C. Benefits payable under this Endorsement shall include repatriation expense in an amount up to \$ 50,000 with respect to any one Employee and as otherwise subject to the CORPORATION'S Foreign Voluntary Endorsement Limit of Liability for Coverage B – Employer's Liability.
- D. The CORPORATION'S Foreign Voluntary Endorsement Limit of Liability for Coverage B – Employer's Liability is limited to \$ 100,000 and applies in excess of the Self-Insured Retention Per Occurrence.

SECTION 2. EMPLOYEES COVERED

- A. It is agreed that the insurance provided by this Agreement also applies to those Employees of the EMPLOYER who are hired or assigned by the EMPLOYER to work at locations within the country or countries not excluded in this Endorsement.
- B. This insurance, with respect to any such Employee, shall attach from the moment such Employee is hired or assigned for such work and shall cease from the moment the employment or assignment for such work is terminated. If the Employee has been hired in the United States of America, coverage continues after termination of employment until the Employee returns to the United States of America or for a reasonable period of time for the opportunity to return to the United States of America, unless termination of employment is due to the Employee's resignation.
- C. This insurance shall not apply to persons other than citizens or residents of the United States of America within the country or countries stated in this Endorsement except as stated herein: NONE.

0293 05 1006 (XWC)

ENDORSEMENT (CONTINUED)

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4051106, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE, ET AL, dated July 01, 2014.

SAFETY NATIONAL CASUALTY CORPORATION


Secretary


President

0345 12 1112 (XWC)

ENDORSEMENT

EXCLUDED BUSINESS OPERATIONS

Effective 12:01 A.M., Local Time, July 01, 2014

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed that this Agreement shall not apply to, and therefore provide no coverage for, Loss due to Occurrences arising out of the following EMPLOYER business Operations:

Operations and Employees of AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE that are separately insured by a subsidiary of the CORPORATION under a Workers' Compensation and Employers' Liability Policy.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4051106, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE, ET AL, dated July 01, 2014.

SAFETY NATIONAL CASUALTY CORPORATION



Secretary



President

0467 02 1105 (XWC)

ENDORSEMENT

EMPLOYERS' LIABILITY MAXIMUM LIMIT AND AGGREGATE MAXIMUM LIMIT OF INDEMNITY

Effective 12:01 A.M., Local Time, July 01, 2014

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed as follows:

DECLARATIONS is amended as follows:

- Item 8. (b) (1) Employers' Liability Maximum Limit of Indemnity Per Occurrence: \$ 5,000,000
(2) Employers' Liability Aggregate Maximum Limit of Liability with respect to all Occurrences taking place within the Liability Period: \$ 5,000,000

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4051106, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE, ET AL, dated July 01, 2014.

SAFETY NATIONAL CASUALTY CORPORATION


Secretary


President

ENDORSEMENT

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Effective 12:01 A.M., Local Time, July 01, 2014

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed as follows:

Coverage for workers' compensation losses caused by certified acts of terrorism is included in this Agreement as set forth under the Terrorism Risk Insurance Act of 2002 as amended ("the Act").

For purposes of this Endorsement, a "certified act of terrorism" is defined as any act:

- a. That is certified by the Secretary of the Treasury in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism; and,
- b. That is violent or dangerous to human life, property or infrastructure; and,
- c. That results in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and,
- d. That has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your Agreement, and any applicable federal and/or state laws, rules, or regulations. Under the Act, terrorism losses would be partially reimbursed by the U.S. Government under a formula established by the Act. Under this formula, the U.S. Government would generally reimburse 85% of covered terrorism losses exceeding a deductible paid by the CORPORATION. The Act contains a \$100 billion cap that limits the reimbursement from the U.S. Government as well as from all insurers. If aggregate insured losses for all insurers exceed \$100 billion, the EMPLOYER's coverage may be reduced.

The portion of the EMPLOYER'S annual premium that is attributable to coverage for losses caused by a certified act of terrorism is: 0.5%.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4051106, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE, ET AL, dated July 01, 2014.

SAFETY NATIONAL CASUALTY CORPORATION


Secretary


President

ENDORSEMENT

CALIFORNIA SHORT RATE CANCELLATION PROVISION - SPECIFIC EXCESS

Effective 12:01 A.M., Local Time, July 01, 2014

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, the following is hereby understood and agreed.

The second paragraph of the Cancellation Section of this Agreement is deleted in its entirety and replaced by the following:

If cancellation is effected by the EMPLOYER, the Manual or Standard Premium shall be determined by the short rate table below, and the Earned Premium shall be the product of the Premium Rate shown in the Declarations, times the Manual or Standard Premium (or the Total Annual Remuneration) so arrived at, but not less than the Minimum Premium specified in the Declarations. Nothing in this Endorsement shall preclude, while an Agreement is in force, changes in the premium rate required or authorized by law, regulation, or order of the California Commissioner of Insurance, or otherwise agreed to between the EMPLOYER and CORPORATION.

CALIFORNIA SHORT RATE CANCELLATION TABLE

Days Policy In Force	Percent of One Year Premium	Days Policy In Force	Percent of One Year Premium	Days Policy In Force	Percent of One Year Premium
1	5%	95 - 98	37%	219 - 223	69%
2	6%	99 - 102	38%	224 - 228	70%
3 - 4	7%	103 - 105	39%	229 - 232	71%
5 - 6	8%	106 - 109	40%	233 - 237	72%
7 - 8	9%	110 - 113	41%	238 - 241	73%
9 - 10	10%	114 - 116	42%	242 - 246	(8 mos.) 74%
11 - 12	11%	117 - 120	43%	247 - 250	75%
13 - 14	12%	121 - 124	(4 mos.) 44%	251 - 255	76%
15 - 16	13%	125 - 127	45%	256 - 260	77%
17 - 18	14%	128 - 131	46%	261 - 264	78%
19 - 20	15%	132 - 135	47%	265 - 269	79%
21 - 22	16%	136 - 138	48%	270 - 273	(9 mos.) 80%
23 - 25	17%	139 - 142	49%	274 - 278	81%
26 - 29	18%	143 - 146	50%	279 - 282	82%
30 - 32	(1 mo.) 19%	147 - 149	51%	283 - 287	83%
33 - 36	20%	150 - 153	(5 mos.) 52%	288 - 291	84%
37 - 40	21%	154 - 156	53%	292 - 296	85%
41 - 43	22%	157 - 160	54%	297 - 301	86%

ENDORSEMENT (CONTINUED)


CALIFORNIA SHORT RATE CANCELLATION TABLE (CONTINUED)

Days Policy In Force	Percent of One Year Premium	Days Policy In Force	Percent of One Year Premium	Days Policy In Force	Percent of One Year Premium
44 - 47	23%	161 - 164	55%	302 - 305	(10 mos.) 87%
48 - 51	24%	165 - 167	56%	306 - 310	88%
52 - 54	25%	168 - 171	57%	311 - 314	89%
55 - 58	26%	172 - 175	58%	315 - 319	90%
59 - 62	(2 mos.) 27%	176 - 178	59%	320 - 323	91%
63 - 65	28%	179 - 182	(6 mos.) 60%	324 - 328	92%
66 - 69	29%	183 - 187	61%	329 - 332	93%
70 - 73	30%	188 - 191	62%	333 - 337	(11 mos.) 94%
74 - 76	31%	192 - 196	63%	338 - 342	95%
77 - 80	32%	197 - 200	64%	343 - 346	96%
81 - 83	33%	201 - 205	65%	347 - 351	97%
84 - 87	34%	206 - 209	66%	352 - 355	98%
88 - 91	(3 mos.) 35%	210 - 214	(7 mos.) 67%	356 - 360	99%
92 - 94	36%	215 - 218	68%	361 - 365	(12 mos.) 100%

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. SP 4051106, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE, ET AL, dated July 01, 2014.

SAFETY NATIONAL CASUALTY CORPORATION


President


Secretary

**CERTIFICATE OF INSURANCE AND CERTIFICATE OF INSURED MEMBER**

Name:
Address:

Insured Member: Name:
 Address:
 Effective Date:

By: Seth A. Smith
Senior Vice President Workers' Compensation Underwriting
Date: July 30, 2014



A member of the Tokio Marine Group

1832 Schuetz Road
St Louis, MO 63146-3540
Telephone (888) 995-5300
(314) 995-5300
Fax (314) 995-3843

CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY LISTED BELOW.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

California Dept of Industrial Relations
Office Of Self-Insurance Plans
11050 Olson Drive
Rancho Cordova, CA 95670-5600
Attn: Mr. Jon Wroten

This is to certify that the policy of insurance listed below has been issued to the insured named below and is in force at this time. Notwithstanding any requirement, term or condition of any contract or any other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy. Should any of the policy described herein be canceled before expiration date thereof the CORPORATION will endeavor to mail sixty (60) days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the CORPORATION.

NAME INSURED EMPLOYER: AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE (MEMBER LIST TO FOLLOW)
ADDRESS: 401 GOLDEN SHORE, 5TH FLOOR, LONG BEACH, CA 94596
POLICY NUMBER: SP 4051106
TYPE OF INSURANCE: Specific Excess Workers' Compensation and Employers' Liability Insurance
LOCATION(S): CALIFORNIA
POLICY LIABILITY PERIOD: July 01, 2014 through July 01, 2015
POLICY PAYROLL REPORTING PERIOD: July 01, 2014 through July 01, 2015

Self-Insured Retention Per Occurrence	\$ 500,000
Maximum Limit of Indemnity Per Occurrence	Statutory
Employers' Liability Maximum Limit of Indemnity Per Occurrence and Aggregate	\$ 5,000,000

SAFETY NATIONAL CASUALTY CORPORATION

By: Seth A. Smith

Senior Vice President Workers' Compensation Underwriting

Date: June 19, 2014



A member of the Tokio Marine Group

1832 Schuetz Road
St Louis, MO 63146-3540
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NAME AND ADDRESS OF CERTIFICATE HOLDER:

California Dept of Industrial Relations
Office Of Self-Insurance Plans
11050 Olson Drive
Rancho Cordova, CA 95670-5600
Attn: Mr. Jon Wroten

This is to certify that the policy of insurance listed below has been issued to the insured named below and is in force at this time. Notwithstanding any requirement, term or condition of any contract or any other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy. Should any of the policy described herein be canceled before expiration date thereof the CORPORATION will endeavor to mail sixty (60) days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the CORPORATION.

NAME INSURED EMPLOYER: AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE (MEMBER LIST TO FOLLOW)
ADDRESS: 401 GOLDEN SHORE, 5TH FLOOR, LONG BEACH, CA 94596
POLICY NUMBER: SP 4051106
TYPE OF INSURANCE: Specific Excess Workers' Compensation and Employers' Liability Insurance
LOCATION(S): CALIFORNIA
POLICY LIABILITY PERIOD: July 01, 2014 through July 01, 2015
POLICY PAYROLL REPORTING PERIOD: July 01, 2014 through July 01, 2015

Self-Insured Retention Per Occurrence	\$ 500,000
Maximum Limit of Indemnity Per Occurrence	Statutory
Employers' Liability Maximum Limit of Indemnity Per Occurrence and Aggregate	\$ 5,000,000

SAFETY NATIONAL CASUALTY CORPORATION

By: Seth A. Smith
Senior Vice President Workers' Compensation Underwriting
Date: June 19, 2014



A member of the Tokio Marine Group

1832 Schuetz Road
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NAME AND ADDRESS OF CERTIFICATE HOLDER:

California Dept of Industrial Relations
Office Of Self-Insurance Plans
11050 Olson Drive
Rancho Cordova, CA 95670-5600
Attn: Mr. Jon Wroten

This is to certify that the policy of insurance listed below has been issued to the insured named below and is in force at this time. Notwithstanding any requirement, term or condition of any contract or any other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy. Should any of the policy described herein be canceled before expiration date thereof the CORPORATION will endeavor to mail sixty (60) days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the CORPORATION.

NAME INSURED EMPLOYER: AUXILIARY ORGANIZATIONS RISK MANAGEMENT ALLIANCE (MEMBER LIST TO FOLLOW)
ADDRESS: 401 GOLDEN SHORE, 5TH FLOOR, LONG BEACH, CA 94596
POLICY NUMBER: SP 4051106
TYPE OF INSURANCE: Specific Excess Workers' Compensation and Employers' Liability Insurance
LOCATION(S): CALIFORNIA
POLICY LIABILITY PERIOD: July 01, 2014 through July 01, 2015
POLICY PAYROLL REPORTING PERIOD: July 01, 2014 through July 01, 2015

Self-Insured Retention Per Occurrence	\$ 500,000
Maximum Limit of Indemnity Per Occurrence	Statutory
Employers' Liability Maximum Limit of Indemnity Per Occurrence and Aggregate	\$ 5,000,000

SAFETY NATIONAL CASUALTY CORPORATION

By: Seth A. Smith
Senior Vice President Workers' Compensation Underwriting
Date: June 19, 2014