



# Workers' Compensation Program

## COVERAGE SUMMARY

**INSURER:**

Auxiliary Organization  
Risk Management  
Alliance (AORMA)

**POLICY TERM:**

July 1, 2015 to  
July 1, 2016

**COVERAGE**

Worker's Compensation and Employers' Liability

**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

**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. Maritime Coverage (Incidental Only)

**HOW TO REPORT A CLAIM:**

In the event of a Workers' Compensation claim, please forward the Workers' Compensation Claim Form (DWC1) and the Employer's Report of Occupational Injury or Illness (Form 5020) to:

**Sedgwick CMS**  
Brian Montagnese  
(916) 851-4441

[Brian.montagnese@sedgwickcms.com](mailto:Brian.montagnese@sedgwickcms.com)

**QUESTIONS:****Mimi Long**

(415) 403-1423  
[mlong@alliant.com](mailto:mlong@alliant.com)

**Van Rin**

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