



# 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, 2016 to August 1, 2017

**POLICY NO:**

Various Per Member

SB20CC-050171-148

41182601-04

**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 Maritime Academy
10. California State University, Monterey Bay
11. Associated Students Inc., California State University, Northridge
12. Associated Students Inc., CSPU Pomona (joined 3/6/15)
13. California State University, Sacramento
14. California State University, San Bernardino
15. Associated Students, San Diego State University
16. San Francisco State University
17. San Jose State University Student Union
18. California Polytechnic State University, San Luis Obispo
19. California State University San Marcos University Corporation
20. Sonoma State University
21. 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

[rleong@alliant.com](mailto:rleong@alliant.com)

**Van Rin**

(415) 403-1408

[vrin@alliant.com](mailto: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.*



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**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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**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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