



Workers' Compensation Program

COVERAGE SUMMARY

QUESTIONS:

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

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



INSURER:
AORMA - Primary Pooled Layer

Safety National Casualty Corporation – Excess Layer

POLICY TERM:
July 1, 2019 to July 1, 2020

POLICY NO:
AORMAWC1920

HOW TO REPORT A CLAIM: *Claim forms attached.*

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

HOW TO REQUEST A CERTIFICATE OF INSURANCE:

1. Request a Certificate of Insurance within the Members Only section of WWW.CSURMA.ORG ... **OR**
2. Email the CSURMA specific COI request address: CSURMACOI@alliant.com ... **OR**
3. Email an Alliant staff member directly:

Andrew Gaspari
Andrew.gaspari@alliant.com
415-403-1424

OR

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

MEMBER ACTION REQUIRED:

1. Annually (in the summer) members will be asked to provide their actual payroll for the preceding fiscal year. The member can at that time accept the calculated estimated payroll for the upcoming fiscal year or provide a different estimate.
2. Annually (in the fall) members will be asked to complete the workers' compensation application as well as confirm estimated payroll to be used for the upcoming fiscal year.

COVER ENTITIES:

Those CSU Auxiliary Organizations enrolled in the CSURMA AORMA Workers' Compensation Program.

COVERAGE DESCRIPTION:

1. Workers Compensation
2. Employer's Liability Insurance

COVERAGE LIMITS:

Primary – AORMA (The layer is 100% reinsured by CSAC EIA)

| | |
|-----------|--|
| \$750,000 | Workers' Compensation - each accident |
| \$750,000 | Employer's Liability - each accident |
| \$750,000 | Employer's Liability – each employee for disease |

Excess (This layer is insured by Safety National Casualty Corporation)

| | |
|-------------|--|
| Statutory | Workers' Compensation - each accident |
| \$4,250,000 | Employer's Liability - each accident |
| \$4,250,000 | 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.



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COVERAGES EXTENSIONS:

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.

DEDUCTIBLE / SELF-INSURED RETENTION:

\$0

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