

## **Coverage Summary**

Coverage:	Foreign Travel Insurance Program		
Coverage Term:	July 1, 2012 – July 1, 2013		
Policy Number:	GLMN04950872R		
Insurer: Insured:	ACE USA- U.S. International Advantage Program California State University Risk Management Authority (CSURMA) California State University (CSU) CSU Auxiliary Organizations		
Headquarter:	Office of the Chancellor Systemwide Risk Management 401 Golden Shore, 5 <sup>th</sup> Floor Long Beach, CA 90802-4210		
Coverage Territory:	<ol> <li>ANYWHERE IN THE WORLD but excluding:         <ol> <li>The United States of America, Puerto Rico, (including its territories and possessions); and</li> <li>Any country or jurisdiction which is the subject of trade or economic sanctions imposed by the laws or regulations of the United States of America</li> </ol> </li> </ol>		
Coverage & Limits:	\$5,000,000	<b>Primary General Liability</b> 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 – Aggregrate 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	
\$1,000,000		<i>Contingent Auto Liability (Excess)</i> 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	

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Coverage & Limits (cont.):

State of Hire Country Origin Country Origin	<i>Employers Responsibility Coverage</i> <i>Voluntary Compensation</i> North Americans – State of Hire Third Country Nationals – Country of Origin Local Nationals – Country of Origin		
\$1,000,000	<i>Employers Liability</i> 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)		
\$ 250,000	<b>Primary Medical Expense</b> Employee/Student (Primary Med Expense)		
\$ 250,000	Spouse/Dependent/Volunteer (Primary Med Expense)		
\$ 1,000	Maximum Preexisting Conditions		
\$ 1,000	Maximum for Dental Treatment – Injury Only		
\$ 500	Alleviation of Pain - Maximum		
\$ 2,000	Emergency Medical Treatment of Pregnancy		
	365 Maximum Period of Coverage		
Up to \$10,000	<i>Emergency Medical Benefits</i> Emergency Medical Benefit Maximum (Employee/Student)		
100% of Covered Expense	<i>Emergency Medical Evacuation</i> Emergency Medical Evacuation Benefit Maximum (Employee/Student)		
100% of Covered Expense	<b>Repatriation of Remains Benefit</b> Repatriation of Remains Benefit Maximum (Employee/Student)		
\$ 5,000 \$ 300 10 Days	<i>Emergency Reunion</i> Benefit Maximum Daily Benefit Maximum Maximum Number of Days Round Trip Ticket to fly to injured participant		
\$2,000,000	Political Evacuation & Repatriation Benefit War Risk Coverage Aggregate Limit/Benefit Maximum		

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Coverage & Limits (cont.):	\$ 100,000 \$ 50,000	Accidental Death & Dismemberment Benefit Employee – AD&D Benefit Student – AD& D Benefit
	\$2,500 Benefit Maximum	<i>Trip Cancellation</i> Reimbursement of non-refundable covered expenses paid for trip up to Benefit Maximum if prevented from taking trip as a result of injury, sickness, or death
	\$2,500 Benefit Maximum	<i>Trip Interruption Benefit</i> Reimbursement of cost for one-way economy air/or ground transportation 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.
	\$2,500 Benefit Maximum	<i>Trip Cancellation (Self Funded)</i> Limited self-insured coverage for trip cancellation, addressing the cost of cancelling or early return from travel triggered by critical events that may not be covered under the insurance program (recent examples – Tsunami in Japan and the disruption caused by the Icelandic volcano).
Premium Rates:	\$60.00* \$75.00*	<i>Faculty/Employee</i> Trips up to 15 days duration per trip/employee Trips up to 30 days duration per trip/employee
	\$50.00* \$60.00*	<i>Students/Other</i> Trips up to 15 days duration per trip/student Trips up to 30 days duration per trip/student
		*Note: Additional Premium for high-hazardous / war risk countries. Contact Alliant Program Administrator for details
Claims Reporting:		ACE Travel Assistance Program 1-800-243-6124 (Inside the USA) 1-202-659-7803 (Outside USA Call Collect) Email: <u>OPS@europassistance-use.com</u> Plan Number: 01AH585 Policyholder: California State University Trustees Policy Number: GLMN04950872R Assistance Provider: Europ Assistance USA

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