

Workers' Compensation Program

COVERAGE SUMMARY

QUESTIONS:

Amy Lightner
(415) 403-1457
amy.lightner@alliant.com

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



POLICY TERM:
July 1, 2022 to
July 1, 2023

POLICY NO:
CSURMA-WC-2223

HOW TO REPORT A CLAIM:

Sedgwick CMS
PO Box 14629
Lexington, KY 40512-4629
Fax: 916-851-8089

See attachment for contact by Campus

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:

La Shaunda Wallace (primary)
LaShaunda.Wallace@alliant.com
415-403-1489

Tevea Him (secondary)
thim@alliant.com
415-403-1416

NAMED COVER ENTITY:

California State University Risk Management Authority (CSURMA) - Campus

COVER MEMBERS:

1. California State University, Bakersfield
2. California State University, Chancellor's Office
3. California State University, Channel Islands
4. California State University, Chico
5. California State University, Dominguez Hills
6. California State University, East Bay
7. California State University, Fresno
8. California State University, Fullerton
9. Cal Poly State University, Humboldt
10. California State University, Long Beach
11. California State University, Los Angeles
12. California State University, Maritime Academy
13. California State University, Monterey Bay
14. California State University, Northridge
15. California State Polytechnic University, Pomona
16. California State University, Sacramento
17. California State University, San Bernardino
18. San Diego State University
19. San Francisco State University
20. San Jose State University
21. California Polytechnic State University, San Luis Obispo
22. California State University, San Marcos
23. Sonoma State University

This insurance document is furnished to you as a matter of information for your convenience. It only summarizes the listed policy(ies) and is not intended to reflect all the terms and conditions or exclusions of such policy(ies). Moreover, the information contained in this document reflects coverage as of the effective date(s) this document was created and does not include subsequent changes. This document is not an insurance policy and does not amend, alter or extend the coverage afforded by the listed policy(ies) and the policy(ies) listed are subject to all the terms, exclusions and conditions of such policy(ies).

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24. California State University, Stanislaus

COVERAGES:

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

LIMITS:

Primary – CSURMA *(This layer is 100% reinsured by PRISM)*

\$2,500,000	Workers' Compensation - each accident
\$2,500,000	Employer's Liability - each accident
\$2,500,000	Employer's Liability - each employee for disease

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

Statutory	Workers' Compensation - each accident
\$2,500,000	Employer's Liability - each accident
\$2,500,000	Employer's Liability - each employee for disease

COVERAGE 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.