



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/27/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Alliant Insurance Services, Inc. 100 Pine Street - 11th Floor San Francisco, CA 94111	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): 415-403-1400		<b>FAX (A/C. No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A :</b> Lloyds of London			
<b>INSURER B :</b>			
<b>INSURER C :</b>			
<b>INSURER D :</b>			
<b>INSURER E :</b>			
<b>INSURER F :</b>			

**INSURED**  
 The California State University (CSU)  
 401 Golden Shore, 5th Floor  
 Long Beach, CA 90802

**COVERAGES**

CERTIFICATE NUMBER: 1330113406

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			B1100039005190000	7/1/2019	7/1/2020	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$25,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Student Professional Liability Insurance Program (SPLIP)			B1100039005190000	7/1/2019	7/1/2020	\$2,000,000 \$4,000,000 Each Claim Policy Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THIS CERTIFICATE IS PROVIDED FOR EVIDENCE ONLY. General Liability and Professional Liability coverage is provided on a claims-made basis including a 3 year extended reporting period. Coverage extends to students enrolled in covered academic courses. Coverage extends to any affiliate institution to whom the Named Insured is obligated by written agreement to add as Additional Insured. Coverage applies only when there exists a written agreement between the University and the affiliate institution, which is executed prior to an incident giving rise to a claim for a covered loss.

**CERTIFICATE HOLDER****CANCELLATION**

EVIDENCE OF COVERAGE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# Student Professional Liability Insurance Program (SPLIP)

## COVERAGE SUMMARY

**INSURER:**

Lloyd's of London

**POLICY TERM:**

July 1, 2019 to  
July 1, 2020

**POLICY NO:**

B1100039005190000

**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)

**INSUREDS:**

1. California State University (CSU)
2. All campuses of the CSU
3. Employees, Faculty, Staff of the CSU
4. CSU Students enrolled in Nursing, Allied Health, Social Work, or Education credential programs of the CSU

\* Enrolled Students mean students who are enrolled and in good standing while completing an internship and registered/enrolled in a course that requires the internship experience, including academic breaks during the policy period. Enrolled Students also include students who have not received a letter grade in a course (e.g., assigned an "Incomplete"), but remain registered for that course until the Incomplete objectives are met, but for no more than one (1) year from the granting of the Incomplete.

**ADDITIONAL INSUREDS:**

Any affiliate institution to whom the Named Insured is obligated by written agreement to provide such coverage as is afforded by this policy.

**COVERAGES:**

1. General Liability
2. Professional Liability
3. Educator's Errors & Omissions Liability

**COVERAGE DESCRIPTION:**

Covers General Liability and Professional Liability of CSU students enrolled in a Health Profession practicum, Social Welfare program, Social Work program, or Education Credential program of the CSU who are required by a host institution to obtain general liability and/or professional liability insurance for participation in the institution's affiliation program.

**LIMITS:**

\$2,000,000 Each Loss  
\$4,000,000 Aggregate for all Covered Parties, and not per student

**MEMBER'S DEDUCTIBLE:**

\$0 Per Claim

**PREMIUM RATE:**

\$20.00 per student in Nursing, Allied Health, Social Work, or Education  
This flat rate is non-refundable, and is not subject to a prorated premium return if student is enrolled for less than one year.

*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 EXTENSION:

1. **Legal Representation:** defense cost included for covered claims
2. **Personal Injury Liability:** protects up to the Coverage Limits against covered claims arising from charges of privacy violation, libel, slander, assault & battery, and other alleged personal injuries
3. **School Grievance/ Academic Disciplinary Hearings:** reimburses for expenses incurred for defense of a school grievance or academic disciplinary hearing or proceeding; \$25,000 per proceeding; \$250,000 aggregate
4. **Damage to Property of Others:** for damage caused accidentally by a Covered Party to the property of others at your location; \$25,000 per incident; \$250,000 aggregate
5. **Assault Coverage:** covers your medical expenses or reimburses you for damage to your property if you are assaulted at your location; \$25,000 per incident; \$250,000 aggregate
6. **Medical Payments:** reimbursement of medical expenses to others injured on your location; \$25,000 per incident; \$250,000 aggregate
7. **First Aid Expenses:** for expenses you incur in rendering first aid to others: \$25,000 per defendant; \$250,000 aggregate
8. **Defendant Expense Benefit:** reimburses you for lost wages and other expenses incurred when you attend a required trial, hearing or proceeding as a defendant in a covered claim: \$25,000 per defendant; \$250,000 aggregate

### NO EXCLUSION FOR:

1. Sexual Harassment
2. Abuse or Molestation
3. Corporal Punishment

### COMMENTS / CONDITIONS:

1. This is a "claims- made" policy. Coverage is only provided for claims which are both: (1) first made against the Insured during the Policy Period; and (2) reported to the Carrier as soon as practicable, but not later than 3 years after the Policy Period. Coverage is only provided for claims arising from Professional Services which are rendered or Incidents which occurred during the Policy Period.
2. Students enrolled in Nursing, Allied Health, Social Work, or Education credential programs of the CSU who also perform community service or volunteer work for academic credit are covered by this Student Professional Liability Insurance Program (SPLIP) at no additional premium.
3. Other CSU students performing community service or volunteer work for academic credit and students enrolled in radio, television or film academic programs of the CSU are separately covered by the Student Academic Field Experience for Credit Liability Insurance Program (SAFECLIP). Please refer to SAFECLIP summary for details.

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### NURSING PROFESSIONS:

Case Manager  
Geriatric Nursing Assistant  
Nurses Aide - Facility Setting  
Nurses Aide - In-home Setting  
Nursing Assistant - Facility Setting  
Nursing Assistant - In-home Setting  
Home Health Aide  
LPN/LVN  
Nurse - Anesthetists  
Nurse - Midwives  
Registered Nurse

Nurse Practitioner:  
Geriatric/Adult/Family Planning-GYN  
OB-GYN/Acute Critical Care OB-GYN  
Pediatric/Neonatal/Family Practice/Acute Care  
Psychiatric

### ALLIED HEALTH PROFESSIONS:

Art Therapist  
Athletic Trainer  
Audiologist  
Blood Bank Technician  
Bio-Medical Technician  
Cardiographic Technician  
Cardiology Technician  
Case Manager  
Certified Laboratory Technician  
Certified Medical Assistant  
Certified Occupational Therapy Assistant  
Chiropractic Assistant  
Circulation Technician  
Clinical Laboratory Technician  
Community Health Assistant  
Community Health Technician  
Corrective Therapist  
Dance Therapist  
Dental Hygienist  
Diagnostic Medical Sonographer  
Dialysis Technician  
Dietitian  
EEG (Electroencephalogram) Technician  
EKG (Electrocardiogram) Technician  
Optometry Assistant/Technician  
Orthopedic Assistant  
Podiatrist  
Perfusionist  
Personal Trainer  
Pharmacist  
Pharmacist Technician  
Physical Therapist  
Physical Therapist Assistant  
Physician Assistant Podiatric Assistant  
Psychologist  
Radiation Therapist  
Radiological Technician  
Recreation Therapist

Electrologist  
EMT- Paramedic  
EMT- Basic/Intermediate  
EMT- Volunteer  
Enterostomal Therapist  
Exercise Physiologist  
Health Educator  
Histologic Technician  
Hospital Pharmacy Technician  
Kinesiologist/Kinesiotherapist  
Laboratory Aide  
Massage Therapist  
Medical Assistant  
Medical Laboratory Technician  
Medical Records Administrator  
Medical Records Technician  
Medical Technician  
Medical Technician Assistant  
Mental Retardation Worker  
Music Therapist  
Nuclear Medical Technician  
Nutritionist  
Occupational Therapist  
Occupational Therapist Assistant  
Rehabilitation Assistant  
Rehabilitation Therapist  
Respiratory Care Practitioner  
Respiratory Care Provider  
Respiratory Therapist  
Respiratory Therapist Technician  
Speech Hearing Therapist  
Speech Language Pathologist  
Sports Medicine Instructor  
Sports Medicine Therapist  
Surgical Technician  
Vascular Technologists  
X-Ray Machine Operator

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### SOCIAL WORK / SOCIAL WELFARE PROFESSIONS:

- |  |                                 |
|--|---------------------------------|
| Alcohol/Drug Counselor                   | Licensed Professional Counselor |
| Bodywork Counselor                       | Life Coach Counselor            |
| Career Counselor                         | Marriage/Family Counselor       |
| Case Manager                             | Mental Health Counselor         |
| Clinical Counselor                       | Pastoral Counselor              |
| Counselor Educator                       | Psychological Counselor         |
| Forensic Counselor                       | Rehabilitation Counselor        |
| Genetic Counselor                        | Social Worker                   |
| Licensed Professional Clinical Counselor |                                 |

### EDUCATION / TEACHING PROFESSIONS:

- |                                      |  |
|--------------------------------------|--|
| <b><u>School Administration:</u></b> | <b><u>Educational Instruction:</u></b> |
| Admittance                           | Career Guidance                        |
| Desegregation                        | Guidance Counseling                    |
| Enrollment                           | School Counselor                       |
| Expulsion                            | Student Consumerism                    |
| Extracurricular Activities           | Teaching Assistants                    |
| Integration                          |  |

### HOW TO REPORT A CLAIM:

Alliant Insurance Services, Inc.  
100 Pine Street, 11th Floor  
San Francisco, CA 94111-5101

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

Or after hours:

Bob Frey  
415-403-1445  
[rfrey@alliant.com](mailto:rfrey@alliant.com)

**AND**

Mendes & Mount LLP  
750 7<sup>th</sup> Avenue  
New York, NY 100109

Ray Trismen  
212-261-8392  
[Raymond.trismen@mendes.com](mailto:Raymond.trismen@mendes.com)

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