Coverage Summary

Coverage: Foreign Travel Insurance Program

Policy Number: GLMN04950872R / PHFD37258337

Insurer: ACE USA- U.S. International Advantage Program

Insured: 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, 5th Floor
             Long Beach, CA 90802-4210

Coverage Territory: ANYWHERE IN THE WORLD but excluding:

1. The United States of America, Puerto Rico, (including its
territories and possessions); and
2. 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

Coverage & Limits:

- **Primary General Liability**
  - Coverage A – Bodily Injury/Property Damage Each Occurrence
    - $5,000,000
  - Aggregate Limit/Products/Completed Ops
    - $5,000,000
  - Premises Damage Limit
    - $1,000,000
  - Coverage B – Personal Injury & Advertising Injury – Aggregate Limit
    - $5,000,000
  - Coverage C – Medical Expense Limit (any one person)
    - $10,000
  - Employee Benefits Liability Endorsement- Each Claim (Subject to $1,000 Deductible) (Claims Made Coverage) and Annual Aggregate
    - $1,000,000

- **Contingent Auto Liability (Excess)**
  - Bodily Injury/Property Damage Liability Each “accident”
    - $1,000,000
  - Hired Auto Physical Damage/any one policy period
    - $100,000
  - Auto Medical Payments/each person/ each accident
    - $25,000

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Coverage & Limits (cont.):

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employers Responsibility Coverage</td>
<td>North Americans – State of Hire</td>
</tr>
<tr>
<td>Voluntary Compensation</td>
<td>Third Country Nationals – Country of Origin</td>
</tr>
<tr>
<td></td>
<td>Local Nationals – Country of Origin</td>
</tr>
</tbody>
</table>

**Employers Liability**

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bodily Injury by Accident/each Accident</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Bodily Injury by Disease/each Employee (including Endemic Disease)</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Bodily Injury by Disease/Policy Limit (including Endemic Disease)</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

**Primary Medical Expense**

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee/Student (Primary Med Expense)</td>
<td>$250,000</td>
</tr>
<tr>
<td>Spouse/Dependent/Volunteer (Primary Med Expense)</td>
<td>$250,000</td>
</tr>
<tr>
<td>Maximum Preexisting Conditions</td>
<td>$1,000</td>
</tr>
<tr>
<td>Maximum for Dental Treatment – Injury Only</td>
<td>$1,000</td>
</tr>
<tr>
<td>Alleviation of Pain - Maximum</td>
<td>$500</td>
</tr>
<tr>
<td>Emergency Medical Treatment of Pregnancy</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

**Emergency Medical Benefits**

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Benefit Maximum (Employee/Student)</td>
<td>Up to $10,000</td>
</tr>
<tr>
<td>Emergency Medical Evacuation Benefit Maximum (Employee/Student)</td>
<td>100% of Covered Expense</td>
</tr>
<tr>
<td>Repatriation of Remains Benefit Maximum (Employee/Student)</td>
<td>100% of Covered Expense</td>
</tr>
<tr>
<td>Emergency Reunion</td>
<td>$5,000</td>
</tr>
<tr>
<td>Daily Benefit Maximum</td>
<td>$300</td>
</tr>
<tr>
<td>Maximum Number of Days</td>
<td>10 Days</td>
</tr>
<tr>
<td>Round Trip Ticket to fly to injured participant</td>
<td></td>
</tr>
</tbody>
</table>

**Political Evacuation & Repatriation Benefit War Risk Coverage**

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregate Limit/Benefit Maximum</td>
<td>$2,000,000</td>
</tr>
</tbody>
</table>

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Coverage & Limits
(cont.):

- $100,000 Employee - AD&D Benefit
- $50,000 Student - AD&D Benefit

Accidental Death & Dismemberment Benefit

Trip Cancellation
- 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

Trip Interruption Benefit
- 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.

Trip Cancellation (Self Funded)
- 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* Faculty/Employee
  - Trips up to 15 days duration per trip/employee
- $75.00* Faculty/Employee
  - Trips up to 30 days duration per trip/employee
- $50.00* Students/Other
  - Trips up to 15 days duration per trip/student
- $60.00* Students/Other
  - 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: OPS@europassistance-use.com
- Plan Number: 01AH585
- Policyholder: California State University Trustees
- Policy Number: GLMN04950872R
- Assistance Provider: Europ Assistance USA

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