Participant Accident Insurance (PAI)
Coverage Summary

Insurance Policy Information:

Insurance Company	Wellfleet Insurance Company
A.M. Best Rating	A++, XV
Standard & Poor's Rating	AAA
State Covered Status	Admitted
Policy/Coverage Term	Various
Policy #	Various – On File With Company

How to Report a Claim:

Notify your Claims Administrator:
Written notice must be submitted to Claims Administrators within 90 days after a covered loss occurs or begins.

WellFleet Special Risk (Wellfleet)
P.O. Box 15369
Springfield, MA 01115-5369
Phone: (877) 657-5039 Fax: (413) 733-4612
specialriskCS@wellfleetinsurance.com

Covered Entities:

Group or organization while engaged in CSU or CSU Auxiliary Organization sponsored activity such as:

1. Athletes – including amateur sports, school sports, sports campus.
2. Volunteers – including community and non-profit organizations.
3. Child Care Centers – including school and church affiliated centers.
4. Recreation – including camping, skiing, white water rafting.
5. Charities, fundraisers, religious retreats and meetings.
6. One-time special events

Covered Features:

1. Individual Policy Coverage Limits on file with Company.
2. High-limit Accident Medical Expense (AME) benefit maximums – up to $50,000.
3. Accident Medical Expense Limits: Primary, Primary Excess or Full Excess.
4. Optional Catastrophic Plans – up to $50,000.
5. Accidental Death & Dismemberment benefits.
6. Medical Evacuation and Repatriation benefits available.
7. Choice of benefit levels, deductibles and benefit periods.
8. Coverage can be extended to administrators, organizers, trainers or supervisors.

csurma
California State University Risk Management Authority

Coverage Limit Options:

Benefit Plan Selection ..... Full Excess, Primary, or Excess

Accident Medical Expense Maximum ..... $10,000, $25,000, $15,000 or $50,000

Deductible Amounts ..... Between $25 and $500

Accidental Death & Dismemberment Maximum .....$10,000, $25,000 or $50,000

Endorsements & Exclusions: *(including but not limited to)*

1. Any service, treatment or supply that is not considered medically necessary as defined in this certificate.
2. Expenses incurred after the end of the Benefit Period, even if incurred for continuing services or treatment of a covered injury.
3. Benefits provided by a Government plan (except Medicaid and other public assistance plans).
4. Injuries compensable under Workers' Compensation law or any similar law.
5. Sojourns or Personal deviations are not covered.
6. Declared or undeclared war or act of war.
7. Commission of or attempt to commit a felony or an assault by the person whose covered injury or sickness is the basis of claim, or to which a contributing cause was such person's being engaged in an illegal occupation.
8. Aggravation, during a covered activity, of an injury the covered person suffered before participating in that covered activity, unless we receive a written medical release from the covered person's physician.
9. Commission of or active participation in a riot or insurrection.
10. A cardiovascular accident or stroke resulting from exertion, as verified by a physician
11. Flight in, boarding or alighting from an aircraft, except as a fare-paying passenger on a regularly scheduled commercial or charter airline; or a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
12. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
13. An accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
14. An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless the covered person holds a valid learner's permit and the covered person is receiving instruction from a Driver's Education Instructor.
15. Travel in or on any on-road and off-road motorized vehicle that does not require licensing as a motor vehicle.

16. Hearing aids, or purchase, repair or replacement of except due to a covered accident as described elsewhere in this certificate.

17. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage.

18. Examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses except due to a covered accident as described elsewhere in this certificate

19. Treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay.

20. Wheelchairs, braces, appliances, orthopedic braces, or orthotic devices except due to a covered accident as described elsewhere in this certificate.

21. Rest cures, long-term care or custodial care.

22. Charges for hot or cold packs.

23. Services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.

24. Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal, foreseeable result of participation in the covered activity.

25. Any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that are deemed to be experimental or investigational; and are not recognized and generally accepted medical practice in the United States.

26. Racing or speed contests, skin diving, or sky diving, mountaineering (where ropes or guides are customarily used), parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles), or other hazardous sport or hobby.

27. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the covered accident occurred.

28. Cosmetic surgery or care, or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from a covered accident, if the covered person's initial treatment had begun within 12 months of the date of the covered accident; reconstruction incidental to or following surgery resulting from a covered accident; and any unplanned and unintended adverse consequences that may result during the treatment of a covered accident.

29. Repair or replacement of existing dentures, partial dentures, braces or bridgework.

30. Treatment or services provided by the covered person's immediate family.

31. Personal services, or comfort/convenience items such as television and telephone or transportation.

32. Orthopedic appliances used mainly to protect an injury.

33. Expenses payable by any automobile insurance policy without regard to fault.

34. Services or treatment provided by an infirmary operated by the policyholder.
35. Treatment or service provided by a private duty nurse except due to a covered accident as described elsewhere in this certificate.
36. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
37. Custodial Care service and supplies.
38. Non-physical, occupational, speech therapies (art, dance, etc.).
39. Expenses that are not recommended and approved by a physician.
40. Any expenses in excess of usual and reasonable charges except as provided in this certificate.
41. Repair or replacement of existing artificial limbs, eyes and larynx, unless damaged or destroyed in a covered accident.
42. Treatment of an injury resulting from or contributed to by frostbite, fainting or seizures, or heatstroke or heat exhaustion.
43. Treatment of hernia of any kind. Hernia means a rupture or protrusion of an organ or part through connective tissues or through a wall of a cavity in which it is normally enclosed.
44. Participation in any sports activity not specifically authorized, sponsored and supervised by the policyholder, whether or not it takes place on policyholder premises.
45. Modifications made to dwellings.
46. General fitness, exercise programs.

Questions:

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