Student Travel Accident Program
Coverage Summary

Insurance Company Information:

Insurance Company	Wellfleet Insurance Company
A.M. Best Rating	A++
Standard & Poor's Rating	N/A
State Covered Status	Admitted
Policy/Coverage Term	December 31, 2025 – December 31, 2026
Policy #	MP0000851787

How to Report a Claim:

Written or authorized electronic/telephonic notice of claim must be given to us within 31 days after the occurrence or commencement of a Covered Loss, or as soon thereafter as is reasonably possible.

Wellfleet Special Risk:
specialriskCS@wellfleetinsurance.com
877-657-5039 Voice
413-733-4612 Fax

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 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

Covered Parties:

All enrolled California State University (CSU) students, including students enrolled only in extended education programs, of the California State University

Covered Activities:

1. School Coverage: Policyholder Supervised and Sponsored Activities while away from the Policyholder's campus which (1) are part of a course requirement; or (2) are sponsored by a university auxiliary organization, including but not limited to associated student associations, or other recognized student organization or club, including Policyholder supervised and sponsored field trips.
2. On-campus Policyholder activities are not included under Covered Activities.
3. Covered travel includes travel to and from intercollegiate athletic events away from campus but does not include participation in such events or practices, nor does it include travel for participants in such events or practices.
4. Overnight Supervised and Sponsored Activities with duration of more than 14 days and related travel are not covered unless specifically agreed to in writing by Us.

Coverage Territory: United States of America

Coverage Limits:

1. Accident Medical Expenses – Total Maximum Benefit Amount $50,000
2. Accidental Death $10,000
3. Accidental Dismemberment $10,000
4. Aggregate Limit of Liability $500,000

Medical Expense Deductible:

1. Each covered accident and includes Covered Expense paid under another Health Care Plan $0
2. From the date of the Covered Accident ..... One-Year
3. After a Covered Accident ..... 180 days

Major Exclusions: *(including but not limited to):*

1. Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane.
2. Commission or attempt to commit a felony or an assault.
3. Commission of or active participation in a riot or insurrection.
4. Bungee jumping; parachuting; skydiving; parasailing; hang-gliding.
5. Declared or undeclared war or act of war.
6. Flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface, except as a fare-paying passenger on a regularly scheduled commercial or charter airline.
7. Travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle.
8. Participation in any motorized race or contest of speed.
9. An accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license; except while participating in Driver's Education Program.
10. 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.
11. Travel or activity outside the United States.
12. The Covered Person's intoxication as determined according to the laws of the jurisdiction in which the Covered Accident occurred.
13. 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.
14. Injuries compensable under Workers' Compensation law or any similar law.

We will not pay benefits for:

15. Services or treatment rendered by a Physician, Nurse or any other person who is:
    a. Employed or retained by the Policyholder.

b. Living in the Covered Person's household.

c. Who is a parent, sibling, spouse or child of the Covered Person.

16. Any Hospital Stay or days of a Hospital Stay that are not Appropriate Treatment for the condition and locality.

17. A Covered Person's Covered Loss if:

a. He was driving a private passenger automobile at the time of the Covered Accident that resulted in the Covered Loss; and

b. He was intoxicated, as that term is defined by the law of the jurisdiction in which the Covered Accident occurred.

Questions:

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