



## COVERAGE SUMMARY

Coverage: Foreign Travel Insurance Program

Coverage Term: July 1, 2011 – July 1, 2012

Policy Number: GLMN04950872

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

Insured: California State University Risk Management Authority (CSURMA)  
California State University (CSU)  
CSU Auxiliary Organizations

Coverage Territory: ANYWHERE IN THE WORLD but excluding:
 

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

### Contingent Auto Liability (Excess)

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Coverage & Limits (continued):	\$1,000,000	Bodily Injury/Property Damage Liability Each “accident”
	\$ 100,000	Hired Auto Physical Damage/any one policy period
	\$ 25,000	Auto Medical Payments/each person/ each accident

**Employers Responsibility Coverage  
Voluntary Compensation**

State of Hire	North Americans – State of Hire
Country Origin	Third Country Nationals – Country of Origin
Country Origin	Local Nationals – Country of Origin

**Employers Liability**

\$1,000,000	Bodily Injury by Accident/each Accident
\$1,000,000	Bodily Injury by Disease/each Employee (including Endemic Disease)
\$1,000,000	Bodily Injury by Disease/Policy Limit (including Endemic Disease)

**Primary Medical Expense**

\$ 250,000	Employee/Student (Primary Med Expense)
\$ 50,000	Spouse/Dependent (Primary Med Expense)
\$ 1,000	Maximum Preexisting Conditions
\$ 1,000	Maximum for Dental Treatment – Injury Only (\$500 per policy term - Alleviation of Pain)
\$ 2,000	Emergency Medical Treatment of Pregnancy

365 Maximum Period of Coverage

**Emergency Medical Benefits**

Up to \$10,000	Emergency Medical Benefit Maximum (Employee/Student)
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100% of Covered Expense	<b>Emergency Medical Evacuation</b> Emergency Medical Evacuation Benefit Maximum (Employee/Student)
100% of Covered Expense	<b>Repatriation of Remains Benefit</b> Repatriation of Remains Benefit Maximum (Employee/Student)
\$ 5,000	<b>Emergency Reunion</b> Benefit Maximum
\$ 300	Daily Benefit Maximum
10 Days	Maximum Number of Days
\$2,000,000	<b>Political Evacuation &amp; Repatriation Benefit War Risk Coverage</b> Aggregate Limit/Benefit Maximum
\$ 100,000	<b>Accidental Death &amp; Dismemberment Benefit</b> Principal Medical Sum
\$2,500 Benefit Maximum	<b>Trip Cancellation</b> 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
\$2,500 Benefit Maximum	<b>Trip Interruption Benefit</b> 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.
\$2,500 Benefit Maximum	<b>Trip Cancellation (Self Funded)</b> 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).

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Premium Rates:

\$60.00\*  
\$75.00\*

**Faculty/Employee**

Trips up to 15 days duration per trip/employee  
Trips up to 30 days duration per trip/employee

\$50.00\*  
\$60.00\*

**Students/Other**

Trips up to 15 days duration per trip/student  
Trips up to 30 days duration per trip/student

*\*Note: Additional Premium for high-hazardous / war risk countries. Contact 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](mailto:OPS@europassistance-use.com)  
Plan Number: 01AH585  
Policyholder: California State University Trustees  
Policy Number: GLMN04950872  
Assistance Provider: Europ Assistance USA

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