



Workers' Compensation Program (AORMA) Coverage Summary

Insurance Company	CSURMA AORMA Safety National Casualty Corporation – Excess Layer
A.M. Best Rating	A++ XV (Excess Carrier)
Standard & Poor's Rating	A+ (Excess Carrier)
State Covered Status	Admitted
Policy/Coverage Term	July 1, 2023 – July 1, 2024
Policy #	CSURMA-WC-2314 & SP 4067003

How to Report a Claim:

In the event of a Workers' Compensation claim, please forward the Workers' Compensation Claim Form (DWC1) and the Employer's Report of Occupational Injury or Illness (Form 5020) to:
Sedgwick CMS
 Brian Montagnese
 (916) 851-4441
Brian.montagnese@sedgwickcms.com

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:

Tevea Him (primary) thim@alliant.com 415-403-1416	La Shaunda Wallace (secondary) LaShaunda.Wallace@alliant.com 415-403-1489
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Member Action Required:

- Annually (in the summer) members will be asked to provide their actual payroll for the preceding fiscal year.
1. The member can at that time accept the calculated estimated payroll for the upcoming fiscal year or provide a different estimate.
 2. Annually (in the fall) members will be asked to complete the workers' compensation application as well as confirm estimated payroll to be used for the upcoming fiscal year.

Covered Entities:

Those CSU Auxiliary Organizations enrolled in the CSURMA AORMA Workers' Compensation Program.

Coverage Description:

1. Workers Compensation
2. Employer's Liability Insurance

This insurance document is furnished to you as a matter of information for your convenience. It only summarizes the listed policy(ies) and is not intended to reflect all the terms and conditions or exclusions of such policy(ies). Moreover, the information contained in this document reflects coverage as of the effective date(s) this document was created and does not include subsequent changes. This document is not an insurance policy and does not amend, alter, or extend the coverage afforded by the listed policy(ies) and the policy(ies) listed are subject to all the terms, exclusions, and conditions of such policy(ies).



Coverage Limits:

Primary – AORMA (The layer is 100% reinsured by PRISM)

Workers’ Compensation - each accident	\$ 750,000
Employer’s Liability - each accident	\$ 750,000
Employer’s Liability – each employee for disease	\$ 750,000

Excess (This layer is insured by Safety National Casualty Corporation)

Workers’ Compensation - each accident	\$ Statutory
Employer’s Liability - each accident	\$ 4,250,000
Employer’s Liability – each employee for disease	\$ 4,250,000

Deductible / Self-Insured Retention:

\$0

Coverages Extensions:

1. Allocable Loss Adjustment Expense (“defense costs”) included as loss to satisfy the retention
2. All States Coverage
3. USL&H (Incidental Only)
4. Jones Act (Incidental Only)
5. Ninety (90) days’ notice to Insured if policy is cancelled by carrier; except for non-payment of premium.

Questions:

Mimi Long
 415-403-1423
mlong@alliant.com

Van Rin
 415-403-1408
vrin@alliant.com

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