

# Student Travel Accident

## COVERAGE SUMMARY

### QUESTIONS:

**Stacey Weeks**  
(415) 403-1448  
[sweeks@alliant.com](mailto:sweeks@alliant.com)

**Van Rin**  
(415) 403-1408  
[vrin@alliant.com](mailto:vrin@alliant.com)



**INSURER:**  
QBE Insurance  
Corporation

**POLICY TERM:**  
December 31, 2022 to  
December 31, 2023

**POLICY NO:**  
NHH000314

### HOW TO REPORT A CLAIM:

#### Notify your Claims Administrator:

Report claims within 30 days after the covered loss occurs or begins or as soon as reasonably possible.

#### Health Special Risk, Inc. (HSR)

4100 Medical Parkway  
Carrollton, Texas 75007-1517  
(972) 512-5600  
[CSR@hsri.com](mailto:CSR@hsri.com)

### COVERED PERSONS:

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

### COVERAGE DESCRIPTION:

Injuries to the Covered Persons while:

1. away from Campus, or
2. traveling to or from or participating in a school sponsored activity

### LIMITS:

\$50,000	Accident Medical Expenses - Total Maximum Benefit Amount
\$10,000	Accidental Death
\$10,000	Accidental Dismemberment
\$500,000	Aggregate Limit of Liability

### MEDICAL EXPENSE DEDUCTIBLE:

\$0	Each covered accident and includes Covered Expense paid under another Health Care Plan
1 year	From the date of the Covered Accident
180 days	After a Covered Accident

### COVERED ACTIVITIES:

1. Supervised and sponsored activities while away from the campus which are part of a course requirement or are sponsored by a university auxiliary organization or other recognized student organization or club, including NCAA athletes and sponsored field trips
2. Travel to or from intercollegiate athletic events away from campus but does not include participation in such events or practices
3. Overnight supervised and sponsored activities with duration of more than **14 days** and related travel **are not covered** unless specifically agreed to in writing

### COVERAGE TERRITORY:

United States

*While we believe this Summary of Insurance fairly represents the terms, conditions and exclusions found in your insurance policies, in the event of any differences between the policies themselves and this summary, the policy provision will direct any resolution. This summary is not intended to replace or supersede any of your insurance contracts.*

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### EXCLUSION(S):

1. intentionally self-inflicted Injury, suicide or any attempt thereof 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
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/she was driving a private passenger automobile at the time of the Covered Accident that resulted in the Covered Loss; and (b) he/she was intoxicated, as that term is defined by the law of the jurisdiction in which the Covered Accident occurred