

Procedure Number: RM001

Date: May 22, 2006  
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Lih Wu, Chief Financial Officer (CFO)

Title: Risk Management Procedure

Statement

The University Corporation (TUC) is a member of the Auxiliary Organization Risk Management Authority (AORMA) which is part of the California State University Risk Management Authority (CSURMA). The AORMA program was formed in conjunction with CSURMA to help assimilate Auxiliary Organizations into CSU Campus Risk Management Programs. The primary purpose of the program is to establish market clout to broaden coverage and decrease costs.

The programs administrator for the AORMA program is Alliant Insurance Services Inc., an Alliant Resources Group company. Their headquarters information is located at,

560 Mission Street, 5<sup>th</sup> floor  
San Francisco CA 94105

Procedure

1. AORMA requires that each auxiliary identifies at least one primary contact for correspondence and maintaining the insurance information. The primary risk management contact for TUC is the CFO, or designee appointed by the Executive Director of the auxiliary.
2. AORMA insurance information will be maintained by the Accounting department.
3. Contact list of AORMA&Alliant Insurance and procedures to request certificate of insurance and to report insurance claim can be found in AORMA's website:  
[www.csurma.org](http://www.csurma.org).
4. Additional information and references attached as Exhibit A.

## REQUEST FOR CERTIFICATE OF INSURANCE PROCEDURES

### PURPOSE AND REQUEST PROCEDURE

Many agreements between the Auxiliary Organizations and third parties require the Auxiliary Organizations to indemnify and hold harmless a third party for liability arising from the Auxiliary Organizations' acts or omissions. In support of the indemnification agreement, third parties may require that certain insurance be maintained naming the third party as additional insured.

***Note that the Insurance Company will indemnify or defend an additional insured third-party only if there is a written agreement executed between the Auxiliary Organization and the third party requiring that the third party be named as an additional insured.***

Members are encouraged to refer to the CSURMA's Insurance Requirements in Contracts Manual (IRIC) which includes information on contract drafting and insurance coverages. Alliant Insurance Services, Inc. staff is available to comment on proposed agreements and assist in drafting indemnification and insurance language. All such agreements should be referred to the Auxiliary Organization's Legal Counsel prior to execution.

The IRIC manual is available online at [www.csurma.org](http://www.csurma.org), under the *Members / Risk Management Resources*.

### ***Request Procedures***

The Underwriter has granted authority to the Program Administrator to issue Certificates of Insurance naming third parties as additional insureds **only upon receipt, review and approval of the executed agreement in which indemnification by the Auxiliary Organization is required.** The Program Administrator is only authorized to issue the certificate ***prior to commencement of operations*** to be insured by the agreement. The AORMA Underwriter will evaluate all other indemnification requests.

Requests for Certificates of Insurance can be made by going to CSURMA's website at [www.csurma.org](http://www.csurma.org) and complete the online certificate request form. If additional insured coverage is needed, attach a copy of the contract recitals, insurance requirements, hold harmless and indemnification sections to the request. Another method (**only if the website is down**) for requesting a certificate is by completing the Certificate Request Form included in this manual and emailing it to the Program Administrator.

### ***Evidence of Insurance***

Under some circumstances, *Evidence of Insurance only* will satisfy the third party's request. In this situation, the third party seeks assurances that the Auxiliary Organization is properly insured, and the third party is not requesting it be indemnified by the Auxiliary Organization.

**To request a certificate evidencing coverage only**, go to CSURMA's website at [www.csurma.org](http://www.csurma.org). Complete the online certificate request form. A copy of a written agreement ***is not required*** by the Program Administrator to issue an Evidence of Insurance certificate.

## ONLINE CERTIFICATE REQUESTS



Order Certificates of Insurance through CSURMA's website at [www.csurma.org](http://www.csurma.org)

- ♦ GO to [www.csurma.org](http://www.csurma.org)
- ♦ SELECT "*Reqeust Certiciate of Insurance*" (botom of homepage)
- ♦ Enter information in each applicable field
- ♦ SELECT "*Request Certificate*"

Once submitted, you will receive "*Thank you for submitting your request. We will review your form and get back with you shortly. Please Note: This request will be automatically emailed to the Program Administration Staff at Alliant Insurance, Inc. If this certificate should be issued on a "Rush basis" you should also contact either of the following individuals to be sure they received your request: Van Rin (415) 403-1408 or La Shaunda Wallace (415) 403-1489.*"

note at the top of the page.

The request is forward to CSURMA staff at Alliant Insurance Services.

**IMPORTANT NOTE:** If *Additional Insured* coverage is required (and not attached to the request), copies of the contract recitals, indemnification and insurance requirements sections should be emailed / faxed to:

**CSURMA Program Administrator**  
**Alliant Insurance Services**  
**Attn: La Shaunda Wallace**  
**Tel: 415-403-1489**  
**Fax: 415-874-4810**  
**Email: [LaShaunda.Wallace@alliant.com](mailto:LaShaunda.Wallace@alliant.com)**

If you are unable to submit the required documents, third parties cannot be named as additional insureds.

*If the website is unavailable, please complete and fax the Certificate Request Form that follows.*

## CERTIFICATE OF INSURANCE REQUEST FORM

Use this form **ONLY** if the website ([www.csurma.org](http://www.csurma.org)) is unavailable.

<b>TO:</b>	La Shaunda Wallace, Alliant Insurance Services	<b>EMAIL TO:</b>	<a href="mailto:LaShaunda.Wallace@alliantco.com">LaShaunda.Wallace@alliantco.com</a>
<b>DATE:</b>		<b>FAX TO:</b>	415-4874-4810
<b>FROM:</b>		<b>PHONE:</b>	
<b>AUX. ORG.:</b>		<b>FAX:</b>	
<b>EMAIL:</b>		<b>NO. OF PAGES:</b>	

### SECTION I – TYPE OF CERTIFICATE OF INSURANCE REQUESTED

#### Coverage Type

- ☐ Liability\*  
☐ Excess Liability  
☐ Property\*  
☐ Crime  
☐ Workers' Compensation  
☐ Other: \_\_\_\_\_

#### Limits

\$ 1,000,000 \*Refer To Section II-Contractual Requirements  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 (statutory limits)  
 \$ \_\_\_\_\_

### SECTION II – CONTRACTUAL REQUIREMENTS

#### CHOOSE ONE:

- Evidence of Insurance Only ☐  
 Additional Insured\* ☐ \* Additional Insured coverage provided only if contractually obligated.  
 Loss Payee\*\* ☐ \*\* Attach contract & replacement cost value per equip./property.  
 Additional Insured & Loss Payee\*\*\* ☐ \*\*\* Attach contract & replacement cost value per equip./property.

#### CERTIFICATE HOLDER (THIRD PARTY) INFORMATION

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Facsimile No.: ( ) \_\_\_\_\_  
 Phone No.: ( ) \_\_\_\_\_

#### EVENT INFORMATION - Describe Scope of Operations, Location and Exact Dates:

**CONTRACTUAL OBLIGATION INFORMATION** - Please fax a copy of the Recitals, Indemnification and Insurance Requirements sections of the contract, with this request, if *third parties are to be named as additional insured*.