

ASP ENROLLMENT APPLICATION



When completed please mail or fax:

SCF Arizona
FAX 602.631.2609
3030 N 3rd Street
Phoenix AZ 85012 3068

SFTYPRGM

SCF & S&CR ONLY!
Effective Date:

Policyholder Information

Policyholder Name/dba

Street Address

City, State, Zip

Company Safety Manager/Director

Safety Contact Phone Number

E-mail Address

_____ with SCF Arizona/SCF Western/SCF General/SCF Premier, hereby applies for enrollment in:
Policy Number _____

Association Number

Association Name

Qualification

I am a policyholder with SCF Arizona, SCF General Insurance Company, SCF Premier Insurance Company or SCF Western Insurance Company, hereinafter referred to as SCF.

- 1) I attest to being a "member in good standing" of the above named association through which I am applying to enroll in its Association Safety Program, hereinafter known as ASP. Member in good standing is defined by the respective Association.
- 2) By joining an ASP, I authorize the Association to obtain premium and loss information from SCF pertaining to the above-numbered policy and previous SCF policies for this business and its related policies. The Association and SCF shall have the authority to determine eligibility of the member to participate in the ASP based on SCF underwriting guidelines and the applicant's loss history. The Association and its safety committee will review this information to develop safety training, monitor eligibility and implement programs to encourage workplace safety.

Dividends

- 3) Participating ASP policyholders in SCF Arizona may earn a bonus safety dividend. To be eligible, the policyholder must be an Association "member in good standing," i.e., the Association dues must be paid in full for the period of the earned dividend. The Association may provide the policyholder/member the opportunity to bring dues current.

Note: SCF Arizona and its subsidiaries are separate entities. SCF Arizona historically has declared and paid dividends; the subsidiaries have not. Dividends are never guaranteed; if and when dividends are declared, it is up to the respective Boards of Directors for each individual company.

- 4) Individual or bonus dividends payable to a participating SCF Arizona policyholder/member, shall be credited against any unpaid premium before being paid to the policyholder.

Participation

- 5) In the event the policy of a participating member is canceled by SCF for non-payment of premium, enrollment shall become null and void and neither premium nor losses for the period will be included in the Association's dividend calculation.
- 6) Participating policyholders removed from the ASP due to high losses will not be eligible for enrollment in any other ASP for at least one year.
- 7) This enrollment shall remain in effect unless canceled by SCF, the association, the member, or if the member transfers to a different ASP.
- 8) Retrospective Rating, Assigned Risk, Self-Rater, deductible program, Professional Employer Organization (PEO) and SCF Casualty Insurance Company policyholders are not eligible to participate in an ASP.

ASP ENROLLMENT APPLICATION CONTINUED

It is understood that: This application is made by and between SCF Arizona, 3030 N. 3rd St., Phoenix, AZ, 85012, on behalf of itself and its subsidiaries, and the policyholder (name and address above). By signing below, the policyholder accepts this application in full and understands that it will be reviewed for eligibility by SCF Arizona and the above named association.

I have read and accept all of the terms and conditions set forth on this ASP Enrollment Application.

Authorized Representative – Name of Owner, Partner, Corp. Off. (print/type)	Title
Signature of above	Telephone No. Date
Authorized SCF Arizona Representative – Sales & Customer Relations	Date

ALL PARTIES MUST APPROVE!

Prospective Participating Policyholder Premium & Loss Information (3 policy years if available)

Policy Year	Policy Origin	EAP	Number of Claims	Claims Cost

Above information verified by _____ S&CR on _____
(Initials) (Date)

FOR ASSOCIATION USE ONLY

ASP Enrollment Application is:

Approved Disapproved (reason) _____

Authorized Association Signature & Title	Telephone No.	Date
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NOTE: Enrollment Application **must** be returned to SCF Arizona **within 30** days of association receipt!