

# 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:

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## Policyholder Information

Policyholder Name/dba

Street Address

City, State, Zip

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

Association Name

Association Number

## Qualification

I am an SCF policyholder; my policy has been issued or I am applying for a policy with one of the following SCF Arizona subsidiaries: SCF ARIZONA, SCF WESTERN INS CO., SCF GENERAL INS CO., SCF PREMIER INS CO., herein after 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 their Association Safety Program, hereafter known as (ASP). 'Member in good standing' as defined by the respective Association.

A newly formed business may apply for coverage with SCF Arizona by agreeing to participate in an ASP. To qualify, the new business must be a "member in good standing" with an Arizona trade or business association currently participating in SCF's ASP or become a "member in good standing" within thirty (30) days. Further, if I do not join a participating Arizona trade or business association within 30 days, SCF may re-issue my workers' compensation insurance policy in whichever SCF subsidiary I am eligible for based on SCF's current underwriting guidelines.

2. Applications to the ASP received from policyholders of SCF General after time of application will be considered for enrollment in the ASP for purposes of safety training immediately, with the opportunity to have their policy renewed on their policy anniversary in SCF Arizona at the current rate deviation (discount).

3. By joining an ASP, I am authorizing 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 the eligibility of the member to participate in the ASP based on SCF underwriting guidelines, and loss history. This information will be reviewed by the association and its' safety committee for development of safety training to the association and ASP, for monitoring the on-going eligibility of members in the program, and for the deployment of actions of the association to monitor and encourage workplace safety.

## Dividends

4. Dividends received by a participating policyholder/ member may be more, but not less than the dividend such participating policyholder would have received from SCF Arizona had the policyholder not been a member of the Program.

5. In order for a Participating policyholder/member to receive an earned dividend (check and/or credit) they must be an association "member in good standing" i.e., their association dues must be paid in full for the period of the earned dividend. The association will provide said policyholder/member the opportunity to bring their dues current.

6. Dividends payable to a participating policyholder/ member, including any potential bonus safety dividend, shall be credited by SCF Arizona against the amount of any unpaid premium indebtedness of the policyholder before any portion of the policyholder's individual or bonus safety dividend entitlement shall be paid to the policyholder.

NOTE: SCF Arizona is the only SCF subsidiary which has historically declared and paid dividends. Dividends can only be declared by each company's board of directors. Dividends are never guaranteed. SCF Premier, SCF Western, and SCF General have not paid dividends.

**Participation**

- 7. In the event the policy of a participating member is canceled by SCF for nonpayment of premium, this enrollment shall become null and void and neither premium nor losses for the period will be included in the dividend calculation of the Association.
- 8. A participating policyholder, who is removed from the Association Safety Program due to high losses, will not be eligible for enrollment in any Association Safety Program for at least one year.
- 9. This enrollment shall remain in effect unless canceled by SCF, the Association, the member, or if the member transfers to a different ASP.
- 10. Retrospective Rating, Assigned Risk, Self-Rater, deductible program, and Professional Employer Organization (PEO) are not eligible to participate in an ASP.
- 11. SCF Casualty Ins Co policyholders are not eligible for ASP programs. Prospective Participating Policyholder Premium & Loss Information

**It is fully understood that:** THIS APPLICATION, made by and between SCF ARIZONA, located at 3030 N. 3rd Street, Phoenix, Arizona, 85012, on behalf of itself and its subsidiaries, (hereinafter collectively referred to as SCF) and the SCF policyholder (name & address above) hereinafter referred to as the "Policyholder". NOW THEREFORE, the authorized signature of the policyholder as indicated below, said policyholder accepts this application in full as written and understands that it will be reviewed for eligibility by SCF and the Association named above.

**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**

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!