

Complete and Mail or Fax to:

SCF Arizona  
3030 N 3rd Street  
Phoenix AZ 85012 3068  
FAX: 602-631-2609



**DIVPLN**

SCF Arizona Use Only  
Effective Date: \_\_\_\_\_

**ASSOCIATION SAFETY PROGRAM ENROLLMENT FORM**

Policyholder Name/dba \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Policy Number \_\_\_\_\_

with SCF Arizona, hereby applies for enrollment in:

Association Name \_\_\_\_\_

Association Number \_\_\_\_\_

It is fully understood that:

- (1) I must be an SCF Arizona policyholder and a member in good standing of the above named association to enroll in the Association Safety Program, and I must maintain my SCF policy the entire time of enrollment.
- (2) The dividend received by a participating policyholder 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.
- (3) The Association is authorized to obtain premium and loss information from SCF Arizona pertaining to the above-numbered policy and the Association shall have the sole authority to determine the eligibility of the member to participate in the Program or to continue participation in the Program.
- (4) In the event the policy of a participating member is canceled by SCF Arizona for nonpayment of premium, this assignment shall become null and void and neither premium nor losses for the period will be included in the dividend calculation for the Association.
- (5) Dividends payable to a participating member, including the amount of "bonus" dividend, if any, shall be credited by SCF Arizona against the amount of any unpaid premium indebtedness of the member before any portion of the member's individual or "bonus" dividend entitlement shall be paid to the member.
- (6) This enrollment shall remain in full force and effect unless canceled by the Association or member, or the member transfers to a different Association Safety Program.
- (7) Retrospective Rating, Assigned Risk, Self-Rater and Employee Leasing policies are not eligible to participate.
- (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 one year.

Name of Owner, Partner, Corp. Off. (print/type) \_\_\_\_\_

Title \_\_\_\_\_

Signature of above \_\_\_\_\_

Telephone No. \_\_\_\_\_

Date \_\_\_\_\_

SCF Arizona Representative \_\_\_\_\_

District Office \_\_\_\_\_

E.A.P.	
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Verified By \_\_\_\_\_

**FOR ASSOCIATION USE ONLY**

Association Enrollment is:

Approved

Disapproved for the following reason \_\_\_\_\_

Association Signature & Title \_\_\_\_\_

Telephone No. \_\_\_\_\_

Date \_\_\_\_\_

**NOTE:** Enrollment Form must be returned to SCF Arizona within 30 days of association receipt!