

## **Application Instructions For “Association Safety Program (ASP) Membership”**

To become an Association Safety Program (ASP) Member you must be a policyholder of SCF Arizona, SCF Western, SCF Premier or SCF General.

Below are Two Forms. One is a form for enrollment in the Association Safety Program (ASP) – pages 2 to 3. All New ABA members please fill out the Demographics, Training & Event Questionnaire – pages 4 to 5.

### **SCF Arizona ASP Enrollment Form:**

1. Please complete fill in all highlighted fields
2. When completed please Mail or Fax to:

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

**OR**

Mail, Fax or Email to:  
Arizona Business Association, Inc.  
4388 N. Civic Center Plaza, #A  
Scottsdale, AZ 85251  
Fax: 480-874-0115  
E-mail: aba@abasafety.com

### **ABA Demographics, Training & Event Questionnaire Form:**

1. Please complete fill in all highlighted fields
2. When completed please Mail, Fax or Email to:

Arizona Business Association, Inc.  
4388 N. Civic Center Plaza, #A  
Scottsdale, AZ 85251  
Fax: 480-874-0115  
E-mail: aba@abasafety.com

\*After completing your application please call or email us to confirm receipt of your application.

Phone: 480-874-0114 ~ Email: aba@abasafety.com

*If you are not a policyholder with SCF Arizona or its other affiliated companies you are eligible to become an “Associate Member” of ABA. **CLICK HERE** for an “Associate Member” Application.*

**If You Have Any Questions Please Contact Us:**

**Phone: 480-874-0114**

**Email: aba@abasafety.com**

# **Thank You!**

# 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

Company Safety Manager/Director

Safety Contact Phone Number

E-mail Address

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

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.
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!



# ABA Member Training & Event Questionnaire

Please take a moment to fill out the following information so that ABA can better serve your Business and Safety needs.

## Safety Training / Seminar needs

*Please check any of the following:*

- Fall Hazards     Slips Trips and Falls     First Aid CPR Certification     House Keeping  
 Scaffolding     Forklift     Lifts     Lockout     PPE     Safety Plan     Safety Expo  
 Financial Seminars     Written Hazard Communication MSDS     Immigration Compliance  
 Dust Control     Operation of Company Vehicles and Equipment     OSHA 10 Hour

Would your company like the above training to also be available in Spanish?  Yes     No

*Please list any additional training or seminars your company may require in the future.*

## Events

*Which of the following events would you be most likely to attend, check all that apply?*

- Dinner Meeting     Networking Socials     Lunch Meetings     Breakfast Meetings  
 Seminars     Golf Tournament     Trap/Skeet     Bowling     Wine Tasting Events  
 Fishing Tournament     Motorcycle Events     Horseback Riding     Darts  
 Pool Tournament     Group Sporting Events

*Other events please list:*

*Best day of the week:*  Monday     Tuesday     Wednesday     Thursday     Friday

*Time:*  Mornings     Mid mornings     Noon     Mid afternoon     Evenings

*Additional Comments:*

### **After Filling Out The Form Please Mail, Fax Or E-mail to:**

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Scottsdale, AZ 85251

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E-mail: [aba@abasafety.com](mailto:aba@abasafety.com)