

Enrollment Form for Intercollegiate Sports Catastrophic Insurance



Underwritten by
Mutual of Omaha Insurance Company

1. General Information

Name of Institution _____
Full Legal Name

Address _____
Street City State Zip

Contracting Official _____
Name Title Phone Fax

2. Premium (See back side of form for sports list and risk categories)

Please complete the Intercollegiate Sports Profile on the reverse side of this form before you select your sports risk category.

Sports Risk Category

- | | |
|--|-------------|
| <input type="checkbox"/> Fall and Spring Football and two or more other Hazardous Sports | \$19,685.00 |
| <input type="checkbox"/> Fall and Spring Non-contact Football and two or more other Hazardous Sports | \$18,697.00 |
| <input type="checkbox"/> Fall and Spring Football and one other Hazardous Sport | \$17,618.00 |
| <input type="checkbox"/> Fall and Spring Non-contact Football and one other Hazardous Sport | \$16,736.00 |
| <input type="checkbox"/> Fall and Spring Football and no other Hazardous Sports | \$15,554.00 |
| <input type="checkbox"/> Fall and Spring Non-contact Football and no other Hazardous Sports | \$14,777.00 |
| <input type="checkbox"/> Fall Only Football and two or more other Hazardous Sports | \$13,746.00 |
| <input type="checkbox"/> Fall Only Football and one other Hazardous Sport | \$11,680.00 |
| <input type="checkbox"/> Fall Only Football and no other Hazardous Sports | \$ 9,100.00 |
| <input type="checkbox"/> No Football and two or more other Hazardous Sports | \$ 7,260.00 |
| <input type="checkbox"/> No Football and one other Hazardous Sport | \$ 5,341.00 |
| <input type="checkbox"/> No Football and no other Hazardous Sports | \$ 3,541.00 |

Make premium check payable to Summit America Insurance Services, L.C. and mail payment along with this completed form to one of the following offices:

Overland Park:

7400 College Blvd., Suite 100
 Overland Park, KS 66210
 1-800-955-1991, ext. 114

Attn: Janice Briggs, Jeff Struckle
 Angela King or Stephanie Williams

Salt Lake City:

2180 South, 1300 East, Suite 520
 Salt Lake City, UT 84106
 1-800-955-1991, ext. 198

Attn: Carol Malouf or Kathy Polanshek

3. Term of Coverage

It is understood that the effective date of coverage under this program will be either the **date requested** or the **date this form and the premium are received** and accepted by the Company, whichever is later (for a requested effective date of August 1 we must receive the enrollment form no later than October 1 of the current year). Coverage expires one year from the effective date.

Desired Effective Date

By _____ Date _____
Signature of Contracting Official

Licensed Agent's Signature License Number Date

INTERCOLLEGIATE SPORTS PROFILE

All of the Non-Hazardous Sports listed below are automatically covered. Please indicate the Hazardous Sports for which coverage is desired.

Non-Hazardous Sports

Archery, Badminton, Band, Baseball, Basketball, Bowling, Cheerleading, Cricket, Crew, Cross Country Running, Cross Country Skiing, Equestrian, Fencing, Golf, Racquetball, Riflery, Rowing, Sailing, Soccer, Softball, Squash, Student Managers, Student Trainers, Swimming, Synchronized Swimming, Tennis, Track & Field, Ultimate Frisbee, Volleyball, Water Polo

Hazardous Sports

- Boxing
- Diving
- Field Hockey
- Football, Fall Only
- Football, Fall & Spring
- Gymnastics
- Ice Hockey
- Judo
- Karate
- Lacrosse
- Rodeo
- Rugby
- Skiing
- Snowboarding
- Surfing
- Wrestling

If you have more than one team in a hazardous sport, for example, women's and men's swimming, they are counted as only one team.