

# Enrollment Form for Club/Intramural 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)

### A. Club Sports

Very High Risk Sports Total # of Participants = \_\_\_\_\_ x \$84.00 = \$ \_\_\_\_\_

High Risk Sports Total # of Participants = \_\_\_\_\_ x \$54.00 = \$ \_\_\_\_\_

Medium Risk Sports Total # of Participants = \_\_\_\_\_ x \$14.00 = \$ \_\_\_\_\_

Low Risk Sports Total # of Participants = \_\_\_\_\_ x \$ 7.00 = \$ \_\_\_\_\_

**Total Club Sport Premium**                      \$ \_\_\_\_\_

### B. Intramural Sports

Very High Risk Sports Total # of Participants = \_\_\_\_\_ x \$12.00 = \$ \_\_\_\_\_

High Risk Sports Total # of Participants = \_\_\_\_\_ x \$12.00 = \$ \_\_\_\_\_

Medium Risk Sports Total # of Participants = \_\_\_\_\_ x \$12.00 = \$ \_\_\_\_\_

Low Risk Sports Total # of Participants = \_\_\_\_\_ x \$12.00 = \$ \_\_\_\_\_

**Total Intramural Sport Premium**                      \$ \_\_\_\_\_

**Grand Total Club and Intramural Sport Premium**                      \$ \_\_\_\_\_

(There is a nonrefundable minimum premium of \$750.00)

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 August 1, or the date this form and the premium are received and accepted by the Company, whichever is later. Coverage expires one year from the effective date.

By \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Contracting Official

\_\_\_\_\_  
Licensed Agent's Signature                      License Number                      Date

# Club/Intramural Sports and Risk Categories

(Please indicate the # of Participants per sport within each category)

Low Risk Category				Medium Risk Category		
# of Club Sport Participants	Sports	# of Intramural Sport Participants		# of Club Sport Participants	Sports	# of Intramural Sport Participants
_____	Archery	_____		_____	Baseball	_____
_____	Badminton	_____		_____	Cheerleading	_____
_____	Band	_____		_____	Cycling	_____
_____	Basketball	_____		_____	Equestrian	_____
_____	Bowling	_____		_____	Figure Skating	_____
_____	Cricket	_____		_____	Football (Flag or Touch)	_____
_____	Crew	_____		_____	Swimming	_____
_____	Cross Country Running	_____		_____	Track & Field	_____
_____	Cross Country Skiing	_____		_____	Water Polo	_____
_____	Fencing	_____				
_____	Golf	_____				
_____	Racquetball	_____				
_____	Riflery	_____				
_____	Rowing	_____				
_____	Sailing	_____				
_____	Soccer	_____				
_____	Softball	_____				
_____	Squash	_____				
_____	Student Trainers	_____				
_____	Student Managers	_____				
_____	Synchronized Swimming	_____				
_____	Tennis (Table or Court)	_____				
_____	Ultimate Frisbee	_____				
_____	Volleyball	_____				
_____	<b>TOTAL</b>	_____		_____	<b>TOTAL</b>	_____

High Risk Category				Very High Risk Category		
# of Club Sport Participants	Sports	# of Intramural Sport Participants		# of Club Sport Participants	Sports	# of Intramural Sport Participants
_____	Boxing	_____		_____	Gymnastics	_____
_____	Diving	_____		_____	Football (Tackle)	_____
_____	Field Hockey	_____		_____	Ice Hockey	_____
_____	Judo	_____		_____	Rodeo	_____
_____	Karate	_____		_____	Rugby	_____
_____	Lacrosse	_____				
_____	Skiing	_____				
_____	Snowboarding	_____				
_____	Surfing	_____				
_____	Wrestling	_____				
_____	<b>TOTAL</b>	_____		_____	<b>TOTAL</b>	_____