



# NAIA Intercollegiate Sports Catastrophic Insurance Enrollment Form



Underwritten by  
**Mutual of Omaha Insurance Company**

## 1. General Information

Name of NAIA Institution \_\_\_\_\_  
Full Legal Name

Address \_\_\_\_\_  
Street City State ZIP

Contracting Official \_\_\_\_\_  
Name Title Phone Fax

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

<b>Sports Risk Category</b>	<b>Assessment Fee</b>
<input type="checkbox"/> Fall and Spring Football and two or more other Hazardous Sports	\$12,961.00
<input type="checkbox"/> Fall and Spring Non-contact Football and two or more other Hazardous Sports	\$12,313.00
<input type="checkbox"/> Fall and Spring Football and one other Hazardous Sport	\$11,601.00
<input type="checkbox"/> Fall and Spring Non-contact Football and one other Hazardous Sport	\$11,022.00
<input type="checkbox"/> Fall and Spring Football and no other Hazardous Sports	\$10,243.00
<input type="checkbox"/> Fall and Spring Non-contact Football and no other Hazardous Sports	\$ 9,730.00
<input type="checkbox"/> Fall Only Football and two or more other Hazardous Sports	\$ 9,051.00
<input type="checkbox"/> Fall Only Football and one other Hazardous Sport	\$ 7,693.00
<input type="checkbox"/> Fall Only Football and no other Hazardous Sports	\$ 5,994.00
<input type="checkbox"/> No Football and two or more other Hazardous Sports	\$ 4,780.00
<input type="checkbox"/> No Football and one other Hazardous Sport	\$ 3,515.00
<input type="checkbox"/> No Football and no other Hazardous Sports	\$ 2,330.00

### Mail payment along with this completed form to:

**Summit America Insurance Services**  
7400 College Blvd., Suite 100  
Overland Park, KS 66210  
1-800-955-1991, extension 114

## 3. Term of Coverage

It is understood that the effective date of coverage under this program will be August 1. Payment and completed enrollment form must be received by July 15th. Coverage expires one year from the effective date.

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

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

