



**Stratus Insurance Services**  
 260 South 2500 West, Suite 303  
 Pleasant Grove, UT 84062  
 T: (866) 395-1308  
 F: (801) 763-1374



**Special Risk Accident  
 Enrollment Form**

Name of Participating Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

# of Youth Participants: \_\_\_\_\_ # of Adult Participants: \_\_\_\_\_  
 (Age 18 & Under) (Age 19 & Over)

Type of Events/Activities to be covered: \_\_\_\_\_

Benefits:	
Primary Accident Medical Maximum Benefit	\$ 5,000
Deductible (Corridor)	\$100 Per Injury
Accidental Death:	\$5,000
Dismemberment and Paralysis	\$5,000
<b>Rating on Gross Revenue</b>	<b>\$Per Rating Tier</b>

Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, PA.

Tier #	Select	Revenue	Total Premium
1	<input type="checkbox"/>	\$1 - \$75,000	\$250
2	<input type="checkbox"/>	\$75,001 - \$150,000	\$500
3	<input type="checkbox"/>	\$150,001 - \$300,000	\$750
4	<input type="checkbox"/>	\$300,001 - \$500,000	\$1,000
5	<input type="checkbox"/>	\$500,001 - \$750,000	\$1,250
6	<input type="checkbox"/>	\$750,001 - \$1,000,000	\$1,500
7	<input type="checkbox"/>	\$1,000,001 - Above	\$1,750

PREVIOUS INSURANCE INFORMATION: (Check here if no prior coverage  )

YEAR	INSURANCE CARRIER	PREMIUM PAID	CLAIMS PAID
20__ TO 20__		\$	\$
20__ TO 20__		\$	\$
20__ TO 20__		\$	\$

I understand & agree that if this form is accepted by the company, coverage will begin on the date of acceptance or on the date requested, whichever is later, subject to payment of the required premium. Premium computation is subject to audit and may change based on final numbers. The \$250 Minimum Premium Required is Fully Earned and Non-Refundable.

The above information is correct to the best of my knowledge.

I hereby elect **NOT** to purchase this coverage:

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Name (printed)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date