

RENEWAL ONLY APPLICATION NON RACING FARM

Louisiana Horsemen's Benevolent and Protective Association 1993, Inc.

LAHBPA WORKER'S COMPENSATION INSURANCE PROGRAM

Workers Compensation Classification & Code (Stables & Drivers Code # 8279).

Applicant Full Name: _____

Please complete the following section.

Trade Name (if any): _____ SSN: _____ DOB _____

LA Racing License Number: _____ FEIN: _____

Telephone: Home _____ Cell: _____ Fax: _____

Barn: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____

Bookkeeper's Name: _____ Telephone: _____

Bookkeeper's Address: _____

May we contact your Bookkeeper "**directly**" during any auditing process:

YES _____ NO _____

Business Entity Type: Corporation * _____ Individual _____ Partnership _____

* **The trainer must train exclusively for the corporation**

**RENEWAL ONLY APPLICATION NON RACING
FARM (Cont.)**

"Non Racing" Louisiana Horse Farms This policy allows Louisiana farm owners who are active members of the HBPA (minimum of 1 start within the preceding 12 months) and that are in good standing with the Louisiana State Racing Commission the option to apply for worker's compensation insurance from the LAHBPA at a rate of \$10 per \$100 of annual payroll. The farm will be evaluated on a series of factors to determine the risk of insurability. An estimated annual payroll must be provided to the HBPA at the onset of the program and actual payroll must be submitted at the end of the term. The LAHBPA requires a 25% down payment or \$1000 (whichever is greater) and the remaining balance to be divided into quarterly payments.

RENEWAL ONLY APPLICATION FARM (Cont.)

By initialing here, I acknowledge that I have received, read, understand, and agree to the Worker's Compensation Program Explanation and Disclosures.

By initialing here, I acknowledge that I have received, read, understand, and agree to the Worker's Compensation Program's Participation Agreement.

By initialing here, I understand that it is my responsibility to pick up the protocol book from the Field Office and review thoroughly in order to report claims in the correct manner.

By initialing here, I understand that by failing to follow the correct protocol could cause my current 10% payroll premium fee to rise in price as a result of poor claims handling practices.

By initialing here, I acknowledge that I have received, read, understand, and agree to the Worker's Compensation Program's Substance Abuse Rule and Policy.

By initialing here, I understand that by failing to keep my account current, or failing to follow any of the procedures or guidelines listed above will cause my premium fee to be raised or my policy to be cancelled at the discretion of the HBPA.

Please renew my LAHBPA Worker's Compensation policy for the upcoming July 1, 2010 to June 30, 2011 period.

NAME OF PARTICIPANT (Please Print)

SIGNATURE OF PARTICIPANT

DATE

LAHBPA EMPLOYEE

DATE



Worker's Compensation Instructions for Renewal Application Non Racing Farm

Page 1

- Enter name and use space provided only to update any changes to information
- Choose Non Racing Louisiana Horse Farm Coverage

Page 2

- Read and Initial each of the renewal conditions
- Print name and sign renewal request

Page 3

- Provide Payroll estimates for upcoming policy period
- **Note: All Executive Officers of a policy are excluded from coverage. This includes anyone who has an Owner or Trainer License. Holders of dual licenses (if one is Owner or Trainer) are also excluded.**
- Sign Acknowledgement

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- Provide list of **ALL** employees. Make additional copies if necessary

Submit only the 3 pages of the renewal policy along with a completed and signed "Substance Abuse Policy" and "Second Injury Fund" for each employee on your work list.

Your initial deposit (1st quarter payment) is due with your application submission.