

# RENEWAL ONLY APPLICATION

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

## LAHBPA WORKER'S COMPENSATION INSURANCE PROGRAM

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

**Please read the application carefully as there have been changes made to the policy and procedures. Please fill out all items in the application.**

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**

## Policy Application Type

**“Louisiana Only” Policy Coverage:** This policy is for those trainers who are not domiciled in Louisiana and do not qualify for “All States Coverage”. This policy allows a trainer up to 25 starts per policy year. Should the trainer not use their 25 starts, they would then forfeit the remainder of their unused starts or money for that policy year. Should a trainer run more than 25 times, they are responsible to keep their workers’ comp. account fully funded at \$40 per start throughout the policy period of July 1, 2010, through June 30, 2011.

**“All States Policy” Coverage:** This policy is for those Program Participants who qualify as a domiciliary of Louisiana. To qualify, Program Participant must show acceptable proof of Louisiana residence (copy of homestead exemption, tax bill, or home owner’s insurance) or at least 100 Louisiana starts in the previous annual policy period. If a trainer does not have 100 starts in Louisiana, then 66 percent of the trainer’s total starts have to have been in Louisiana with a minimum of 20 starts overall during the preceding policy year. The out of state start fee per horse will be \$60. Selected exclude states are: NY, CA, WY, OH, ND, WA, WV.

### **Louisiana Domiciled Trainers Electing LA only Coverage; Please Review this Carefully Before Initialing**

By initialing here, I decline to elect All States coverage. I understand that it will be my responsibility to obtain worker's compensation insurance coverage in states outside of Louisiana. I acknowledge that if I want to change from LA Only to All States coverage during the policy period I will be charged a **\$50.00** fee.

## RENEWAL ONLY APPLICATION (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 start fee of \$40 to rise in price per start 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 per start 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 TRAINER (Please Print)

\_\_\_\_\_  
SIGNATURE OF TRAINER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LAHBPA EMPLOYEE

\_\_\_\_\_  
DATE

**LAHBPA WORKERS' COMPENSATION INSURANCE  
PROGRAM APPLICATION**

*Please provide the following "PAYROLL" estimates for the period of  
July 1, 2010 to June 30, 2011*

Racing Facility \ Training Center \ Farm	Barn #	Stalls	Employees by Categories	# of Employees	Estimated Total Annual Payroll
<b><u>Primary Locations</u></b>			Assistant Trainers		
<b><u>Louisiana Downs</u></b>			Grooms		
<b><u>Delta Downs</u></b>			Hot walkers		
<b><u>Evangeline Downs</u></b>			Exercise Riders		
<b><u>Fair Grounds</u></b>			Other		
<b><u>Name of Other Locations</u></b>			Assistant Trainers		
Name:			Grooms		
Address:			Hot walkers		
City:			Exercise Riders		
Phone:			Other		
<b><u>Name of Other Locations</u></b>			Assistant Trainers		
Name:			Grooms		
Address:			Hot walkers		
City:			Exercise Riders		
Phone:			Other		
<b>TOTAL</b>					

Named Insured, or the Insured will not be allowed to participate in the LAHBPA Worker's Compensation Program. I have read and fully understand this statement by signing below:

**Note: All Owners, Trainers and Executive Officers of a policy are excluded from coverage:**

Applicant represents that all information provided is complete and correct and Applicant agrees that should there be any misrepresentation of information presented, Applicant may be denied participation in this program immediately and indefinitely upon discovery of the misrepresentation in addition to any other remedies available under law or the terms of Applicant's membership in the HBPA. Applicants must read and agree to the Participation Agreement, before participating in this Insurance Program.

MEMBERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





## Worker's Compensation Instructions for Renewal Application

### Page 1

- Enter name and use space provided only to update any changes to information
- Choose Louisiana Only or All States 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

### Page 4

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

Submit only the 4 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 of \$1,000 is due with your application submission.