



Horsemen’s Workers’ Compensation Insurance Trust

“Farm”

Application Instructions for Policy Period: 2022-2023

To avoid processing delays, the Farm Application and attachments should be fully completed:

#	Section Contents	Attachments/Forms	Completed by	Page
1	Farm Application, Disclosure Statement and Acknowledgements	A. Farm Application B. Disclosure Statement (p2-6) C. Acknowledgements (p6)	Applicant	1-6
2	Self-Insurance Coverage	Self-Insurance Acceptance/Rejection of Coverage <i>(if accepted, additional fees and documentation are needed)</i>	Applicant	7
3	Farm Work Lists	A. Farm Work List B. Changes to Farm Work List	Applicant	8-9
4	Employee Applications <i>(English and Spanish)</i>	A. Receipt and Acknowledgement of Substance Abuse B. Substance Abuse and Drug Policy C. Second Injury Fund D. Medical Information Release	All Farm Employees	10-19
5	Farm Rate Guidelines	Farm Rate Guidelines <i>(Attachment A)</i>	Informational	20
6	Farm Insurance Coverage Activities	Farm Insurance Coverage Activities <i>(Attachment B)</i>	Informational	21
7	Farm Sales Coverage	A. Farm Sales Coverage Package <i>(Attachment C)</i> B. Farm Sales Work List <i>(Attachment D)</i>	Applicant	22-23

Application Instructions:

1. Applicant is to complete the Application and attachments, as indicated therein, and ensure the following:
 - all signatures and dates are in place;
 - Applicant *initials* under “**Farm Coverage**” on page 3;
 - Applicant *initials* on “**Farm Rate Guidelines**” on page 5 (#33);
 - Applicant *initials* the “**Acknowledgements**” on page 6; and
 - *The designated section on page 6 is to be completed by office personnel and/or the Trust.*
2. Self-Insurance Coverage – Acceptance or Rejection (page 7):
 - **IMPORTANT:** If applicant ACCEPTS the additional coverage for himself/herself or another **Executive Officer**, the additional \$1000 Minimum Annual Charge must be received with the application. Also, please ensure the applicant understands the additional documentation required and that 12% of their gross income will be invoiced during the policy period;
 - If the applicant REJECTS coverage, nothing further is needed.
3. Work Lists (for farm employees)
 - Applicant must complete the “**Farm Work List**” at time of submitting the Application, which must include the wage information for each farm employee.
 - The “**Changes in your Employee Work List**” form is to be used for future changes to your work list.
4. Employee Packets: Substance Abuse and Second Injury and Medical Release:
 - These documents are offered in both English and Spanish, as needed.
 - Each employee must submit an Employee Packet for the current policy year.
5. Farm Rate Guidelines and Farm Insurance Coverage Activities (Attachments A and B):
 - These documents are for the Applicant’s reference. The Applicant should understand the rates and activities described in these documents.
6. Farm Sales Coverage (Attachments C and D) (page 22 and 23):
 - This document is for the Applicant’s reference, and it should be completed and submitted to HWCIT when farm employees are used to attend a sale.

IMPORTANT: Applications will not be processed until Applicant has delivered all the required documentation and the applicable Minimum Annual Charge to the LAHPBA Main Office or a recognized Racetrack Field Office. In addition, Applicant’s current account must be paid in full, and fully funded before renewal. You must have Workers’ Compensation Insurance to enter the backside of any Louisiana Racetrack.