



Horsemen's Workers' Compensation Insurance Trust

“Trainer”

Application Instructions for Policy Period: 2022-2023

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

#	Section	Attachments/Forms	Completed by	Page
1	Trainer Application	A. Trainer Application B. Disclosure Statement (p 2-7) C. Acknowledgements (p 7)	Applicant	1-7
2	Self-Insurance Coverage	Self-Insurance Acceptance/Rejection of Coverage <i>(if accepted, additional fees and documentation are needed)</i>	Applicant	8
3	Trainer Work Lists	A. Trainer Work List (p 9) B. Trainer Changes to Work List (p 10)	Applicant	9-10
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 Trainer Employees	11-20
5	Rate Per Start Guidelines	Rate Per Start Guidelines <i>(Attachment A)</i>	Applicant	21-22

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* on “**Types of Coverage**” on page 3 or 4 (#15).
 - applicant *initials* on “**Rate Per Start Guidelines**” on page 6 (#33).
 - Applicant *initials* the “**Acknowledgements**” on page 7.
 - *The designated section on page 7 is to be completed by office personnel and/or the Trust.*
2. Work Lists (for trainer’s employees):
 - Make sure that you are using the correct Trainer Work List.
 - Applicant must submit a completed “**Trainer Work List**” with the Application.
 - The “**Changes in your Employee Work List**” form is to be used for future changes to the work list.
3. Employee Packets: Substance Abuse, Second Injury and Medical Release:
 - These three documents are offered in both English and Spanish, as needed.
4. Self-Insurance Coverage – Acceptance or Rejection (page 8):
 - **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.
5. Rates Per Start Guidelines (Attachment A):
 - This document is for the Applicant’s reference. The Applicant should understand these rates.

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.**