

Equine Supplemental Application

1. Does applicant employ any jockeys? Yes No
2. Does the applicant perform any breeding? Yes No
If yes, how is the procedure handled?
 Live Cover (ineligible) Artificial Insemination (eligible)
3. Do the applicant's employees participate in any riding competitions?
 Yes No
4. Are the employees involved with any of the following activities: competitive racing, competitive riding, rodeo operations, risk involving animals other than horses, or similar exposures? Yes No
5. Are the employees only performing the following services: training, grooming, therapeutic riding services? Yes No
6. Are employees required to wear proper protective equipment? (i.e. rider helmets, steel toe boots for stable workers, etc.) Yes No
7. How many W2 employees are full time _____ part time _____
8. How many 1099 employees are there? _____ Does the insured have written agreements with all 1099 workers stating that they are not covered as W2 employees? Yes No
9. Are employees required to perform any auxiliary farming operations? Yes No
10. Do the applicant's employees perform any blacksmithing or farrier duties?
 Yes No
11. Are any blacksmithing or farrier duties subcontracted out to others? Yes No
If yes, what is the percentage of work subcontracted? _____
12. Are COIs obtained for subcontractors? Yes No
13. Are employees living on premises? Yes No If yes, how many and what is the remuneration outside of W2 including housing allowance? _____
14. Are temporary/short term employees used? Yes No
If yes, how many? _____
15. How are the horses being transported: Truck/trailer-owned Truck/trailer-hired
16. Does the applicant own more than 50% of another business than the one described?

17. Please advise how many years of prior management experience the applicant has in the industry (including hiring, firing and training) _____
18. How many years of prior, consecutive Workers' Compensation coverage does the applicant have? _____

Signed: _____

Date: _____



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