Information Request Form

Please complete the entire Information Request Form and provide all requested attachments. The information provided will be used to complete the required forms for the Application for an Affiliate Member Certificate of Consent to Self-Insure as a Member of Post Time Self Insurance Group (PTSIG). Once the application has been completed, it will be returned for review and execution.

Please submit the completed Information Request form, along with all requested attachments to the attention of:

Ms. Allie Rodriguez Post Time Self Insurance Group 4961 Katella Avenue Los Alamitos, CA 90720 Phone: 714-820-2743

Fax: 714-820-2813

E-mail:<u>yeliser@sigsolutionsca</u>.com or allier@sigsolutionsca.com

Please check √to ensure you have completed and/or attached the following items.

Applicant Contact (Name and Title): Phone: Email: Fax	:
Legal Name of (Entity) Applicant:	
DBA Name if Applicable:	
2 Principal Mailing Address:	
Principal Physical Address:	
20 Mileans are view reing to be etabled?	
3a. Where are you going to be stabled?: Number of Allotted Stalls:	
If a Corporation, LLC, or LLP: State of Incorporation: Please list two (2) officers, including their title, who a Applicant. Please be sure the titles are listed as you	A Sole Proprietorship
Name:	Title:
Name:	Title:
Federal Tax Identification Number or SS #: Name of current workers' compensation carrier:	
Desired effective date of membership if different than re	newal date above:

Revised 9/5/13 1 of 2 Pages

Information Request Form

Number of California em	nployees to be co	overed under the p	roposed members	ship:
10 Dravida Drafit or (Lasa)	aftar taxaa far th	a last three (2) as w	anlata vaana aa fi	allaura
10. Provide Profit or (Loss) Year	anter taxes for th	e last three (3) cor	npiete years, as to	DIIOWS:
<u>1 ear</u> 2022	<u> </u>		_	
2021	Φ.		_	
2020	<u>φ</u>		_	
2020	Φ		-	
11. Provide premium paid last four (4) complete y				e modification factor (ex-mod) for the
<u>Year</u>	<u>P</u>	<u>remium</u>	_	
2022			_	
2021	<u>\$</u> \$		_	
2020	\$		_	
2019	\$		_	
			_	
12. List the names of the h	orses you are br	inging on to the tra	ck:	
supporting attachments Furthermore, the Applica Administrator or the State	become a part nt agrees they of California, i	t of the prospec will supply all s n a timely manne	tive new memb supplemental info r. The Applicant	oplicant agrees that this Form and all per's membership acknowledgments. In the property of th
Read and Acknowledged b	y:			
Signature:			Date:	
Print Name:			Title:	

Revised 9/5/13 2 of 2 Pages

PROSPECTIVE POST TIME SELF INSURANCE GROUP MEMBERSHIP FOR CALIFORNIA WORKERS' COMPENSATION COVERAGE QUESTIONNAIRE

First Na	ıme:	Last Nam	ne:	
Addres	s:	City	StateZip	
Phone	No:	Cell No:_		
Fax No:		Email:		
	a. If "Yes" pleaseb. If "No" proceed	a short period of time, less that sign this document and submin d with the questionnaire.	t by FAX to (714) 820-2813.	
2.		sed by the California Horse Rac	_	
		Year Expires:		
3.		years of experience in the hors		
		s of experience in the horse ra		
4.	What is the name of yo information?	ur current workers' compensa	ation carrier, policy number,	and contact
5.	Insurance Broker of Rec	cord	Phone #	
6.	When does your worke	rs' compensation coverage ex	pire?	
7.	What is your Experience	e Modification Factor (Ex Mod)?	
8.	What are your annual p	oremiums to your current worl	kers' compensation carrier?	
9.	Lapsed: Yes No	pensation coverage ever: Been Cancelled: Yes No	Not Renewed: Yes No	
		o any of the above please list	reasons why?	
10.	How many employees	do you have?		
11.	What is your annual pa	yroll including exercise riders?		
12.	Where do you currently	y stable your horses?		
13.	Do you own or lease an	y aircraft? Yes No		
I certify	that to the best of my k	knowledge, the information en	ntered on this document is t	rue and correct.
	Print Name	 Signature	 Date	

Please Fax completed questionnaire to (714) 820-2813 or mail to Post Time Self Insurance Group, 4961 Katella Ave., Los Alamitos, CA 90720. If you have any questions please call our office (714) 820-2743.