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

First Name: _____Last Name: _____

Address: _____City_____State_____Zip_____

Phone No: _____Cell No:_____

Fax No:_____Email:_____

1. Are you Shipping In for a short period of time, less than 30 days? Yes No
   a. If "Yes" please sign this document and submit by FAX to (714) 820-2813.
   b. If "No" proceed with the questionnaire.
2. Are you currently licensed by the California Horse Racing Board? Yes No
   If "Yes" Type: _____Year Expires:_____ License #_____
3. Do you have at least 5 years of experience in the horse racing industry? Yes No
   If "Yes", how many years of experience in the horse racing industry do you have? _____
4. What is the name of your current workers' compensation carrier, policy number, and contact information?
   _____
   _____
5. Insurance Broker of Record _____Phone # _____
6. When does your workers' compensation coverage expire? _____
7. What is your Experience Modification Factor (Ex Mod)? _____
8. What are your annual premiums to your current workers' compensation carrier?
   _____
9. Has your workers' compensation coverage ever:
   Lapsed: Yes No **Been Cancelled:** Yes No **Not Renewed:** Yes No
   If you answered "Yes" to any of the above please list reasons why? _____
   _____
   _____
10. How many employees do you have? _____
11. What is your annual payroll including exercise riders? _____
12. Where do you currently stable your horses? _____
13. Do you own or lease any aircraft? Yes No

I certify that to the best of my knowledge, the information entered on this document is true 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.

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:allier@sigsolutionsca.com or office@sigsolutionsca.com

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

1. Applicant Contact (Name and Title): _____
   Phone: _____ Fax: _____
   Email: _____

2. Legal Name of (Entity) Applicant: _____
   _____
   DBA Name if Applicable: _____

3. Principal Mailing Address: _____
   _____
   Principal Physical Address: _____
   _____
   _____

3a. Where are you going to be stabled?: _____
   Number of Allotted Stalls: _____

4. The Applicant is:
   ☐ A Corporation ☐ A Partnership ☐ A Sole Proprietorship ☐ An LLC or LLP

   If a Corporation, LLC, or LLP:
   State of Incorporation: _____ ☐ Date of Incorporation: _____

   Please list two (2) officers, including their title, who are authorized to sign official documents on behalf of the Applicant. Please be sure the titles are listed as you would like them read in the Model Private Group Member Corporate Resolution. The Model Private Group Member Corporate Resolution is a requirement of the DIR OSIP and is referenced below.
   Name: _____ Title: _____
   Name: _____ Title: _____

5. Federal Tax Identification Number or SS #: _____

6. Name of current workers' compensation carrier: _____

7. Renewal date of current workers' compensation policy: _____

8. Desired effective date of membership if different than renewal date above: _____

9. Number of California employees to be covered under the proposed membership: _____

10. Provide Profit or (Loss) after taxes for the last three (3) complete years, as follows:

Year	
2024	$
2023	$
2022	$

11. Provide premium paid for workers' compensation insurance and experience modification factor (ex-mod) for the last four (4) complete years, including current year, as follows:

Year	Premium
2024	$
2023	$
2022	$
2021	$

12. List the names of the horses you are bringing on to the track:

Having read and completed the foregoing Information Request Form, the Applicant agrees that this Form and all supporting attachments become a part of the prospective new member's membership acknowledgments. Furthermore, the Applicant agrees they will supply all supplemental information as required by the PTSIG Administrator or the State of California, in a timely manner. The Applicant acknowledges that completion of this Information Request does not constitute approval of membership by the PTSIG Board of Trustees or the State of California.

Read and Acknowledged by:

Signature: _____ Date: _____

Print Name: _____ Title: _____

Dear _____
(name of horse owner)

As you know, you have engaged me to act as your trainer and, currently, one (1) or more of your horses are in my stable. In the future, you may from time to time entrust additional horses of yours to my stable, so that I can also act as trainer for those additional horses as well (all horses of yours for whom I am from to time to time acting as trainer, whether they are currently in my stable or whether they are added to my stable in the future, will be collectively referred to as "your Horses in My Stable").

As you are probably aware, anytime any of your Horses in My Stable run at a California Racetrack, a certain amount with the description "Jockey Insurance" or "Worker's Comp. Insurance" on your paymaster statement is deducted from your Horsemen's Account at the applicable Racetrack, and that deducted amount is disbursed to Post Time Self Insurance Group ("Post Time"), to help fund the Workers Compensation Self Insurance Program that has been put into place by Post Time in order to allow Owners (like you) and Trainers (like me) to satisfy our Workers Compensation Insurance Obligations under the California Labor Code. This disbursement has been in effect since July 1, 2017, and is called the "Per Start Fee". In 2024 the amount disbursed from your Horsemen's Account to Post Time is $158 per start, and as you aware from your paymaster statements, that amount can change yearly.

Please be advised that by virtue of any of your Horses in My Stable running in a race at a California Racetrack, you will be deemed, for all purposes whatsoever, to have specifically authorized the disbursement of the Per Start Fee Amount from your Horsemen's Account at the applicable Racetrack to Post Time (the "Authorization"), unless the provisions of the next paragraph apply.

This Authorization will stay in effect for so long as I am acting as trainer for any of your horses, *unless and until* you withdraw the Authorization. To withdraw your Authorization, please file the Opt-Out Notice(s) with Post Time, a copy of which notice is attached. Once you have filed the appropriate Opt-Out Notice(s) with Post Time, Post Time will be separately billing me (the "Directly Billed Amounts"), as your trainer, for the applicable Per Start Fee Amounts that are no longer being disbursed to Post Time from your Horsemen's Accounts at the applicable Racetracks, and I will then, in turn, add those Directly Billed Amounts to your account with me, since you will then be obligated to reimburse me for those Directly Billed Amounts.

Finally, if you would like to obtain the Certificates of Insurance as an additional insured evidencing that you have in fact satisfied your Workers' Compensation Insurance Obligations under the California Labor Code, please feel free to reach-out directly to Post Time to request such Certificate(s) (Post Time can be reached at the phone number indicated in the next paragraph).

If you have any questions regarding this matter or would like to obtain the Certificate of Insurance referenced above, please contact Post Time at 714 820-2743 or info@sigsolutionsca.com.

Sincerely,

_____ Date:_____
[Signature of Trainer]

TO: POST TIME SELF INSURANCE GROUP:

As you know, I am a thoroughbred horse trainer licensed by the California Horse Racing Board to act as a trainer in California, and Post Time Self Insurance Group ("you" or "Post Time") is a non-profit mutual benefit corporation created to be a private group self insurer of workers' compensation liabilities for the thoroughbred racing industry.

In my capacity as a duly licensed thoroughbred trainer, I currently have one (1) or more horses in my stable and, in the future, additional horses may from time to time be added to, or subtracted from, my stable (all horses for whom I am from to time to time acting as trainer in the State of California, whether they are currently in my stable or whether they are added to my stable in the future, will be collectively referred to as the "Horses in My Stable" or simply as "My Stable"; similarly, all owners of Horses in My Stable will be referred to as "Client-Owners").

As you also know, I am currently a member of Post Time and, as a Post Time member, I am a party to, and am subject to, the California Racehorse Trainer Post Time Self Insurance Membership Agreement (the "Post Time Membership Agreement").

In my capacity as a member of Post Time, I am hereby providing the following Certifications to Post Time:

1. Except as provided in Paragraph No. 2 next below, anytime any of the Horses in My Stable runs at a California Racetrack, the applicable Client-Owner has duly authorized me to cause the so-called "Per Start Fee Amount" to be disbursed to Post Time from the applicable Client-Owner's Horsemen's Account at the applicable Racetrack, to help fund the Workers Compensation Self Insurance Arrangement that has been put into place by Post Time in order to allow owners and trainers to satisfy their respective Workers' Compensation Insurance Obligations under the California Labor Code.

2. I have in fact fully advised and informed all of my Client-Owners of the process and procedures to be followed in order for such Client-Owners to withdraw their Authorization described in Paragraph 1 (this is known as the "Opt-Out Right" or the "Opt-Out Election"). Without limiting the generality of the foregoing, I have in fact forwarded to all of my Client-Owners the form of the Opt-Out Notice to exercise their Opt-Out Rights and I have instructed them to send such notice to Post Time. Furthermore, I have advised all my Client-Owners that (i) in order to exercise their Opt-Out Right, they will need to complete and sign such Opt-Out Notice and then submit that completed and signed Opt-Out Notice to Post Time, and (ii) any such Opt-Out Election will not be valid or effective until Post Time has actually received such completed and signed Opt-Out Notice from the applicable Client-Owner.

3. In addition, I have fully advised and informed all of my Client-Owners of how they can obtain directly from Post Time, the appropriate Certificates of Insurance (or

Certificates of Self-Insurance) evidencing that such Client-Owners have in fact satisfied their Workers' Compensation Insurance Obligations under the California Labor Code.

4. Any time a thoroughbred owner who has not previously entrusted Horses to My Stable becomes my client by entrusting one or more Horses to My Stable (the "New Client-Owner"), I similarly (i) obtain appropriate authorization from such New Client-Owner for the Per Start Fee Amount to be deducted from the applicable New Client-Owner's Purse Accounts at the applicable Racetracks, (ii) fully advise each such New Client-Owner of how such New Client-Owner can exercise his or her Opt-Out Right, and (iii) fully advise each such New Client-Owner of how such New Client-Owner can obtain from Post Time the appropriate Certificates of Insurance (or Certificates of Self-Insurance) evidencing that such New Client-Owners have in fact satisfied their Workers' Compensation Insurance Obligations under the California Labor Code.

The undersigned Trainer hereby certifies, to and for the benefit of Post Time, that all of the Certifications set forth in Paragraphs 1, 2, 3 and 4 above are true and correct in all material respects, and will at all times continue to be true and correct in all material respects for so long as the undersigned is a member of Post Time. The undersigned hereby further confirms and acknowledges that Post Time will be relying on these Certifications in (i) presenting various bills/invoices to the applicable Racetracks who are holding the Per Start Fee Amounts that need to be paid-over to Post Time, and (ii) requesting that the applicable Racetracks pay-over to Post Time the various Per Start Fee Amounts that have been withheld from the Purse Accounts of the undersigned's Client-Owners.

Sincerely,

_____ _____

[Signature of Trainer-Member] Date

_____

[Print Name of Trainer-Member]

POST TIME
SELF INSURANCE GROUP

INDIVIDUAL OWNERS' NOTIFICATION OF EXCLUSION OF JOCKEY WORKERS' COMPENSATION PREMIUM DEDUCTION

To: Post Time Self Insurance Group, Inc.

Paymaster of Purses at Race Location Track _____

The undersigned hereby notifies Post Time SIG to advise the Paymaster of Purses, to not deduct from my owner account listed here within only, any future jockey coverage workers' compensation premium. I understand that by opting out of this deduction the jockey workers' compensation premium collection responsibility will be transferred to the Post Time SIG member/ trainer of record for said start, who is hereby notified by this form and that payments for starts prior to the execution of this form will **not** be reimbursable.

NAME OF INDIVIDUAL OWNER: _____**CHRB LICENSE #**_____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____**TAX ID**_____

ASSOCIATED TRAINERS OF RECORD (Please Print)	**TRAINER SIGNATURE OF ACKNOWLEDGEMENT**
1.	**1.**
2.	**2.**
3.	**3.**

The undersigned understands that this notification does not alleviate the obligation of payment for jockey workers' compensation coverage premiums by the owners, as the employer of the jockey, per case law*. It just eliminates the automatic deduction of payment from the paymaster of purses owner's account. The undersigned also understands that this notification is only effective for individual owners that contract with trainers that are members of Post Time Self Insurance Group at California approved racing facilities and applies to all horses in which the person has sole ownership of, until revoked in writing.

_____

Signature of authorized CHRB licensed horse Owner

_____

Print Name Date

Note: This form applies only to Sole Ownership Accounts. Fractional ownership entities need to contact Post Time directly to initiate their opts out.

* From a case precedent standpoint, for the purpose of employment/comp insurance/obligations/benefits, horse owners were deemed employers/co-employers of jockeys by the California Supreme Court as early as 1941: Case Law: *Drillon v. Industrial Acc. Comm.* (1941) 17 Cal.2d 346 (affirmed finding by Industrial Accident Commission [predecessor to WCAB] that horse owner and jockey were in an employer-employee relationship); and *Isenberg v. Cal. Employment Stabilization Comm.* (1947) 30 Cal.2d 34 (reversing trial court order that found horse owner was not required to contribute to unemployment insurance for jockeys).

Please complete this form and send to:
Post Time Self Insurance Group (PTSIG), 4961 Katella Ave., Los Alamitos, CA 90720
info@sigsolutionsca.com, Fax: (714) 820-2813