ALLCOMP SOLUTIONS
THE WORKERS' COMPENSATION AUTHORITY

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: _____