

# MOC Insurance Services - DTHA Workers' Compensation Application

Fax to 415-957-0577 Attn: DTHA Workers' Comp Dept.

Named Insured: \_\_\_\_\_ Email: \_\_\_\_\_  
DBA: \_\_\_\_\_ DE Experience Modification: \_\_\_\_\_  
SSN or FEIN: \_\_\_\_\_  
Telephone – Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Bookkeeper's Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
Bookkeeper's Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

For final audit, would you prefer the auditor contact your bookkeeper directly? Yes  No   
Business Entity Type (Check One): Individual  Corporation  LLC  Partnership

**For corporate policyholders:** Please list all corporate officers, and/or partners' positions and percent % ownership below.

\_\_\_\_\_% \_\_\_\_\_%  
\_\_\_\_\_% \_\_\_\_\_%

**Do you want the corporate officers and partners excluded on the policy?** Yes  No

**For individual policyholders:** Family members living with the named insured are automatically **included** for coverage unless they elect to be exempt from the policy. **Do you have any family members residing with you that you want to be excluded from coverage?** Yes  No  If so, list names of **excluded** family members below.

How many stalls do you have?

Do you have stall space at any other location? Yes  If yes, where: \_\_\_\_\_ # of Stalls: \_\_\_\_\_ No   
Is your trainer's license in DE current? Yes  No  License # \_\_\_\_\_

Racing Stable Payroll Estimate: \_\_\_\_\_ Payroll \$ \_\_\_\_\_ \*

\*Include all part time exercise riders and payroll for any family members or corporate officers who will be covered under the policy.

ANY PERSONS WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Date: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**\*\*\* New DTHA applicants ONLY! Please attach copy of your current workers' compensation policy declarations page showing payroll; rate and premium. \*\*\***