

S.B.O.A/N.J HEALTH INSURANCE MONTHLY SIGN-UP ROSTER

Number of horses racing: _____

Number of horses training: _____

Month: _____

Date: _____

Trainer: _____

Stabled at: _____

(Please print clearly)

(Please print clearly)

| | | | |
|----------------------------------|--|---|--|
| 2nd Trainer(s) | | | |
| 1 | | 3 | |
| 2 | | 4 | |

| | | | |
|-----------------|--|----|--|
| Groom(s) | | | |
| 1 | | 6 | |
| 2 | | 7 | |
| 3 | | 8 | |
| 4 | | 9 | |
| 5 | | 10 | |

I certify that the above stable employee(s) are presently employed by me and are working on a **PERMANET, ACTIVE, FULL-TIME AND FULL PAY** basis. Any falsification of this statement will result in my being responsible for any claims of said employee(s) covered under this policy; and possible cancellation of my own insurance policy. I will be responsible for notifying the SBOA track representative or the SBOA office when an employee(s) are no longer employed by me.

Date

Trainer's Signature

Accepted By:

SBOA TRACK REPRESENTATIVE OR SBOA OFFICE STAFF ONLY