



STANDARD BRED OWNERS' ASSOCIATION

**Cloverleaf**

P.O. Box 156 • Temple Hills, MD 20748

301-567-9636 • 1-800-543-6802

admin@cloverleafsoa.org • www.cloverleafsoa.org

Annual Dues: \$50.00

Renewal  New

Owner  Trainer

Driver  Other

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

USTA #: \_\_\_\_\_

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

*Signature required for validation of voting ballots & early purse release*

Training Location: \_\_\_\_\_

*Please keep Cloverleaf S.O.A. advised of any changes to the information on this application.*

Cloverleaf S.O.A. uses the signature on this membership card to validate the signature on the ballot envelope before your ballot is accepted for counting. All ballots received with a signature that is questionable could also invalidate your vote. The questionable signatures must be assessed and approved/declined for counting by the Election Committee.

***Your signature on this card is very important!***

C.S.O.A. is my sole authorized representative for contract negotiations with Rosecroft & Ocean Downs. With this membership, I hereby revoke any & all authority given by me for similar purposes. Dues are not deductible as charitable contributions. C.S.O.A. estimates that ten percent (10%) of all funds received by it (as opposed to revenue received from dues) will be used for lobbying legislation or political expenditures favorable to the harness racing industry. However, C.S.O.A. understands that the Internal Revenue Service may take the position that 100% of dues are being used for lobbying and political expenditures, and that the membership dues are not deductible as a business expense.

As a C.S.O.A. member earning purse checks or distributions through the Horsemen's Bookkeeper, acknowledges that all payments will be made through Direct Deposit to the individual's bank account and proper paperwork must be submitted to Rosecroft or Ocean Downs by all racing participants prior to any disbursements. All disbursed funds subject to judge's hold or redistribution must be returned by the recipient when requested by the Horsemen's Bookkeeper. Until such funds are returned the recipients' accounts will be placed on hold.

## **Cloverleaf S.O.A. Membership Benefits**

### **Early Purse Releases**

Cloverleaf S.O.A. has developed an Early Purse Release Program with each racetrack for our members to receive purse checks before the labs and racing commission has officially released the checks. All programmed owners and trainers must be Cloverleaf S.O.A. members to be eligible. Members must also fill out any applicable paperwork with horsemen's bookkeepers at each track.

### **Life Insurance**

Cloverleaf S.O.A. offers its members that are *drivers, grooms, and/or trainers* life insurance through State Farm. For *drivers, grooms, and trainers* under the age of 65 the policy is for \$25,000. For *drivers, grooms, and trainers* ages 65-69 the life insurance is lowered to \$15,000. Cloverleaf S.O.A. worked with State Farm and has added a final expense policy for members over the age of 65 for an additional \$10,000 for which you may be eligible and for which Cloverleaf S.O.A. would pay the premium. Enrolled members' beneficiary will receive \$10,000 in benefits. Application for the life insurance can be found on the backside of this application.

### **Rolling Equipment Insurance**

Cloverleaf S.O.A. offers Rolling Equipment (sulkies & jog carts) for member owned sulkies and jog carts. To be eligible all programmed owners and trainers **MUST BE** Cloverleaf S.O.A. members at the time of the incident leading to the claim. Coverage is for damages done at Ocean Downs and Rosecroft while warming up, official schooling sessions (with gate in use), post parades, races or qualifiers. Cloverleaf S.O.A. will pay up to \$2,000 per bike and \$200 per wheel with a minimum of \$25 to a maximum of \$2,400.

### **Third Party Liability**

3rd party liability insurance from H.H.I. that provides coverage against damages that your horse may cause to some other person or person's property. Must occur at a pari-mutuel racetrack, county fair racetrack, or approved training center which must be listed on your membership.

*Please contact a Cloverleaf S.O.A. Representative for more information.*

# Group Life Insurance Record Card



I apply to State Farm Life Insurance Company for group insurance coverage. If I am required to contribute to the cost of insurance coverage, I authorize the deduction from my earnings. I may revoke this authorization at any time by written notice to my employer.

State Farm Life Insurance Company  
1 State Farm Plaza, Bloomington, IL 61710-0001

## IN ORDER TO RECEIVE THIS BENEFIT, THIS FORM MUST BE COMPLETED IN FULL.

LF-3673-5640 Policy number  
Cloverleaf Standardbred Owners' Association Inc. Business/Organization name

Employee/Member name Employee/Member Social Security Number Employee/Member Phone number

Employee/Member home address City State Zip code

Date employed/Date of membership Job position/duties (if applicable)

Date of birth Sex:  Male  Female Annual salary

### COMPLETE ONLY IF DEPENDENT COVERAGE IS OFFERED BY THE EMPLOYER/ASSOCIATION AND YOU DESIRE THE COVERAGE

I desire dependent coverage:  Yes  No

My dependents include:  Spouse & children  Spouse only  Children only  
Spouse's date of birth Date of Marriage

Primary Beneficiary(ies)	Date of Birth	SSN	Relationship	Complete address	Phone number	Beneficiary Allocation %
Cloverleaf Standardbred Owners' Association, Inc.				PO Box 156 Temple Hills, MD 20757	301-567-9636	\$15,000
						\$10,000

Successor Beneficiary(ies)	Date of Birth	SSN	Relationship	Complete address	Phone number	Beneficiary Allocation %

Payment will be made in one sum unless otherwise requested.

Signature Date (MM/DD/YYYY) SIGNATURE

### WAIVER OF COVERAGE

I do not wish to participate in my employer's/association's group life insurance plan. I understand that if I wish to participate at some future date, evidence of insurability will be required.

Reason for not applying

Signature Date (MM/DD/YYYY) SIGNATURE

Please return to State Farm Life Insurance Company, Commercial Group Life Unit, P.O. Box 2380, Bloomington, IL 61702-2380. Fax 309-766-6124

Doc type 80