



State of Indiana
Indiana Horse Racing Commission
TRAINER'S STABLE ROSTER

EVEN IF YOUR HORSE IS SHIPPED IN YOU MUST COMPLETE THIS FORM

Klopp, Randy

TRAINER Randy Klopp ASST. TRAINER Rick Meier
 ADDRESS 2350 S 450 E ADDRESS 2350 S 450 E
 CITY & STATE Rushville, IN CITY & STATE Rushville, IN
 TELEPHONE (765) 265-3373 TELEPHONE (308) 379-7335
 BARN # (or please put ship-in) 4 A-6 BARN # (or please put ship-in) 4 A-6

OWNER'S NAME Steve Stelts GROOM'S NAME Salvador Garcia
 HORSE(S) Spiritual order Dorm Room # 45

OWNER'S NAME Mary Stelts GROOM'S NAME Salvador Villalobos
 HORSE(S) Whitey White col Dorm Room # 45

OWNER'S NAME Ken Meyer GROOM'S NAME Ricardo de Leon
 HORSE(S) One Fliskey Justice Dorm Room # 44

OWNER'S NAME Joe Shaw EXERCISE RIDER R K
 HORSE(S) Bull nose Buck Dorm Room # 44

OWNER'S NAME Dennis Clavard HOTWALKER _____
 HORSE(S) _____ Dorm Room # _____
 APR 08 2012

Trainers operating within restricted areas of licensed racetracks shall ensure that themselves and their employees are licensed. Additionally, a Trainer shall ensure that each owner for whom he or she trains applies for a license. A horse in a trainer's care shall not start in a race unless the Owner has a license on file with the commission.

It shall be a trainer's responsibility to maintain with the commission an up-to-date roster of owners, current employees, and others having access to the trainer's assigned premises. This roster shall contain all information considered pertinent by the commission. Changes in ownership of horses, new or discharged grooms, and addition and/or deletion of horses on this roster must be reported.

REMEMBER YOU MUST FILE A NEW TRAINER ROSTER WHEN YOU MOVE TO OTHER TRACK IN THE SUMMER

[Signature]
Trainer - or - Assistant Trainer Signature

4-3-12
Date

Indiana Downs
4425 N 200 W
Shelbyville, IN 46176
Ph: 317/713-3350
Fax: 317/713-3355

• Indiana Horse Racing Commission •

Hoosier Park
4450 Dan Patch Circle
Anderson, IN 46013
Ph: 765/683-2565
Fax: 765/683-2568



State of Indiana
 Indiana Horse Racing Commission
 TRAINER'S STABLE ROSTER

EVEN IF YOUR HORSE IS SHIPPED IN YOU MUST COMPLETE THIS FORM

TRAINER Randy [Signature] ASST. TRAINER _____
 ADDRESS _____ ADDRESS _____
 CITY & STATE _____ CITY & STATE _____
 TELEPHONE (765-265-3373) TELEPHONE (_____)
 BARN # (or please put ship-in) _____ BARN # (or please put ship-in) _____

OWNER'S NAME _____ GROOM'S NAME Miguel Fernandez
 HORSE(S) _____ Dorm Room # 43

OWNER'S NAME _____ GROOM'S NAME _____
 HORSE(S) _____ Dorm Room # _____

OWNER'S NAME _____ GROOM'S NAME _____
 HORSE(S) _____ Dorm Room # _____

OWNER'S NAME _____ EXERCISE RIDER _____
 HORSE(S) _____ Dorm Room # _____

OWNER'S NAME _____ HOTWALKER _____
 HORSE(S) _____ Dorm Room # _____

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REMEMBER YOU MUST FILE A NEW TRAINER ROSTER WHEN YOU MOVE TO OTHER TRACK IN THE SUMMER

[Signature] _____ Date _____
 Trainer -- or -- Assistant Trainer Signature

Indiana Downs
 4425 N 200 W
 Shelbyville, IN 46176
 Ph: 317/713-3350
 Fax: 317/713-3355

• Indiana Horse Racing Commission •

Hoosier Park
 4450 Dan Patch Circle
 Anderson, IN 46013
 Ph: 765/683-2565
 Fax: 765/683-2568



State Form 777777
Indiana Horse Racing
Commission

Indiana Horse Racing Commission

Trainer Employment Verification Affidavit

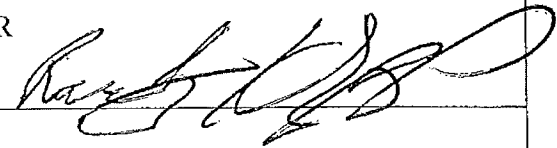
By executing this Affidavit, the undersigned verifies the following:

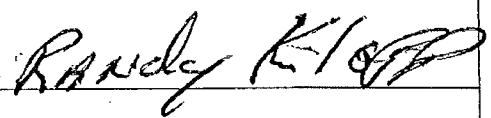
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- I am a Trainer who is currently licensed or has submitted an application for a license to the Indiana Horse Racing Commission ("IHRC").
- I have completed the Employment Eligibility Verification Form ("Form I-9") required by the Immigration Reform and Control Act ("IRCA") for each of my employees required to be licensed by the IHRC.
- I agree to complete a Form I-9 for each new employee I hire during this calendar year who is required to be licensed by the IHRC.
- I agree to make available for review the redacted Form I-9 for each of my employees required to be licensed by the IHRC to the IHRC upon request.
- Within 24 hours of the discharge of a licensed worker or employee, I will provide written notification to the IHRC and surrender the worker or employee's photo I.D. badge.

I understand that failure to abide by the terms of this affidavit or the IRCA may result in the initiation of a disciplinary action against me by the Indiana Horse Racing Commission.

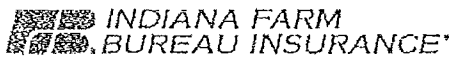
TRAINER

Signature: 

Printed Name: 

Date: 

(Month/Day/Year)



CERTIFICATE OF INSURANCE

NAMED INSURED AND ADDRESS:
 KLOPP RANDALL
 2350 S 150 E
 RUSHVILLE IN 46173

CERTIFICATE ISSUED TO:
 INDIANA HORSE RACING COMMISSION
 4425 N 200 W
 SHELBYVILLE, IN 46176

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by

IFFB CASUALTY INSURANCE COMPANY

UNITED FARM FAMILY MUTUAL INSURANCE COMPANY

The policies of insurance listed on this certificate have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this Certificate may be issued or may pertain, the insurance afforded by the policies described is subject to all terms, exclusions and conditions of such policies. Aggregate limits shown may have been reduced by paid claims. This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.

Klopp, Randy

Type of Insurance	Policy Number	Company (A/B)	Effective Date	Expiration Date	Limits of Liability
<input type="checkbox"/> COMMERCIAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Occurrence					General Aggregate Prod.-Comp/OPS Aggregate Personal-Advertising Injury Each Occurrence Fire Damage (Any one fire) Med Expense (Any one person)
<input type="checkbox"/> FARM LIABILITY <input type="checkbox"/> Equine <input type="checkbox"/> Occurrence					Each Occurrence Med Expense (Any one person)
<input type="checkbox"/> COMM. AUTO LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos					Each Accident Med Expense
<input type="checkbox"/> FARM AUTO LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos					Each Accident Med Expense
<input type="checkbox"/> UMBRELLA LIABILITY					Each Occurrence Aggregate
<input type="checkbox"/> WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY		B	03/01/2012	03/01/2013	Statutory - Indiana Each Accident Disease Policy Limit Disease Each Employee
<input type="checkbox"/> OTHER					

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS

If subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this Certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Should any of the described policies be amended before the expiration date, the issuing insurer will make an effort to notify the certificate holder named, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

07/30/2012
Date

ADRIAN M SHAWN
Agent

765-932-5961
Phone

**ANA FARM
FAU INSURANCE®**

225 South East Street • P.O. Box 1250 • Indianapolis, IN 46206-1250

**Worker's Compensation and Employer's Liability
Insurance Policy**

Policy Number	Policy Period	
	From	To
WC 8320415 03	03/01/2012	03/01/2013

12:01 A.M. Standard Time at the address of the Insured as stated herein

Transaction
RENEWAL, BUSINESS

Named Insured and Address	Agent
KLOPP, RANDALL 2350 S 450 E RUSHVILLE IN 46173	SPARKS, K. COREY 3037 VIRGINIA AV CONNERSVILLE IN 47331-2552 Telephone: 765-825-4138

Handwritten: sending 1-30-12 DM

Carrier # 16454	FEIN # 311802096	Risk ID # 000000000	Entity of Insured INDIVIDUAL
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Klopp, Randall

Additional Locations: See Attached Schedule

- The Policy Period is from 03/01/2012 to 03/01/2013 12:01 a.m. Standard Time at the Insured's mailing address.
- A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: Indiana
- B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A.
The limits of our liability under Part TWO are:

Bodily Injury by Accident	\$	each accident
Bodily Injury by Disease	\$	policy limit
Bodily Injury by Disease	\$	each employee
- C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:
ALL STATES EXCEPT states designated in item 3.A., Nevada, North Dakota, Ohio, Washington, West Virginia, Wyoming
- D. This policy includes these endorsements and schedules: See attached schedule.
- The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit.

SEE EXTENSION OF INFORMATION PAGE

Minimum Premium \$	Total Estimated Annual Premium \$	
	Expense Constant \$	
	Premium Discount \$	0

Premium Audit Period: Annual; Semiannual; Quarterly; Monthly

Countersigned: JANUARY 11, 2012
Issued Date: 01/11/2012
Issuing Office: P.O. Box 1250; Indianapolis, IN 46206-1250

Daniel Z. Polchuk
Authorized Representative



State of Indiana
Indiana Horse Racing Commission

Mitchell E. Daniels, Jr., Governor

www.in.gov/hrc

DATE 5-3-12

Dear Randy Klopp:

As you are aware, the Indiana Horse Racing Commission ("IHRC") requires all trainers to provide a Certificate of Coverage that shows they have current Worker's Compensation coverage for their employees. Trainers must have the certificate on file by July 15, 2012.

You have received this letter because the document you provided to the IHRC does not satisfy that requirement. Specifically, either the document provided is not a Certificate of Coverage, or the Certificate of Coverage you have provided does not include the IHRC as a Certificate Holder.

Please contact your insurance agent and instruct them to email a Worker's Compensation Certificate of Coverage to INHorsing@hrc.in.gov. The Certificate of Coverage *must* identify the IHRC as a Certificate Holder in the following way:

Indiana Horse Racing Commission
4425 N CR 200 W
Shelbyville, IN 46176

Your Certificate of Coverage must be on file with the IHRC on or before July 15, 2012 or seven days before your first scheduled race, whichever is later. If the IHRC does not have your Certificate on file by that time, your horse may be scratched from its race.

Thank you for your attention to this matter,

Indiana Horse Racing Commission Licensing Office

Enclosure



State of Indiana
Indiana Horse Racing Commission
TRAINER'S STABLE ROSTER

RECEIVED

EVEN IF YOUR HORSE IS SHIPPED IN YOU MUST COMPLETE THIS FORM

Indiana Horse Racing Commission
ID Licensing Office

TRAINER Randy Kloss ASST. TRAINER Rick Meyer
 ADDRESS 2350 S 450 E ADDRESS Same
 CITY & STATE Rushville IN CITY & STATE _____
 TELEPHONE (765) 265-3373 TELEPHONE () _____
 BARN # (or please put ship-in) 4A BARN # (or please put ship-in) 4A

OWNER'S NAME Roger Spiess GROOM'S NAME Steve Wallace
 HORSE(S) Shermy Davis JR Dorm Room # _____

OWNER'S NAME Steve Stults GROOM'S NAME Keen Brown
 HORSE(S) Spina-Tuck orlan Dorm Room # _____

OWNER'S NAME Mary Stults GROOM'S NAME _____
 HORSE(S) Paula Pawa Dorm Room # _____

OWNER'S NAME Dennis Charnack EXERCISE RIDER _____
 HORSE(S) Ron of the woods Dorm Room # _____

OWNER'S NAME _____ HOTWALKER _____
 HORSE(S) _____ Dorm Room # _____

Kloss, Randy

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[Signature]
Trainer or Assistant Trainer Signature

4-5-11
Date

Indiana Downs
4425 N 200 W
Shelbyville, IN 46176
Ph: 317/713-3350
Fax: 317/713-3355

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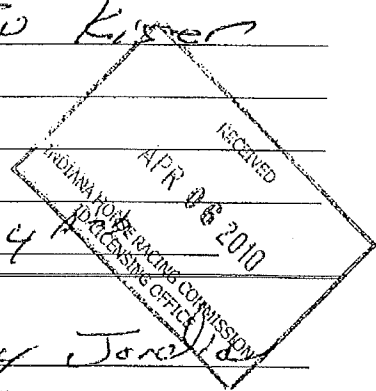
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TRAINER Randy Kloss ASST. TRAINER Justin Kiser
 ADDRESS 2350 S 450 E ADDRESS _____
 CITY & STATE Reshville IN CITY & STATE _____
 TELEPHONE Fast 265-3373 TELEPHONE () _____
 BARN # (or please put ship-in) 4 A-b BARN # (or please put ship-in) 4



OWNER'S NAME Steve + Mary Stotts GROOM'S NAME Ashley Jordan
 HORSE(S) PAWS PRINCE Dorm Room # _____

OWNER'S NAME Roger Spess GROOM'S NAME Steve Wallace
 HORSE(S) Lotz His Rose Dorm Room # _____

OWNER'S NAME Dan Spess GROOM'S NAME Alexander Brown
 HORSE(S) Frankie Guy Dorm Room # _____

OWNER'S NAME Joe K Shaw EXERCISE RIDER ANTONIA CAZARES
 HORSE(S) Bull nose Brick Dorm Room # _____

OWNER'S NAME Davis + Cynthia HOTWALKER Edgar Castro Brown
 HORSE(S) SALVOR PATTINER Dorm Room # _____

Hopp, Randy

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[Signature]
Trainer or Assistant Trainer Signature

4-6-10
Date

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4425 N 200 W
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