

2020



Harness Horseman's Association of New England, Inc.

PO Box 1811
Plainville, MA 02762

Sulky Accident Insurance Application

www.hhane.com

508-316-3364

Table with 6 columns: Category, Sulky Value, Maximum Reimbursement Amount, Cost, No of Sulkies Enrolled, Total Cost. Rows A through G.

Total cost for all enrolled sulkies \$

I have read and understand the HHANE Sulky Insurance Program User Agreement and am enrolling the following sulkies at this time:

Category A-G, Color, Year, Make, Model, Serial No. (if applicable)

NAME:

MAILING ADDRESS: CITY STATE ZIP

Phone/Cell: E-Mail

Member's Signature Date

1 \$50 deductible applies to all reimbursements; HHANE determined value at time of inspection determines maximum amount paid
2 Sulky only; wheels not included
3 Member benefit; sulky registration required to activate coverage

Rec'd \$ Office Use Only Reg# 1 2 3
Cash Ck# Dep DB QB BDR BK \$ \$ \$