



Harness Horseman's Association of New England

P.O. Box 1811 ~ Plainville, MA 02762

2019 Sulky Accident Insurance Application

Name _____

Mailing address _____ City _____ State _____ Zip _____

Phone/cell: _____ Email: _____

<u>Category</u>	<u>Sulky Value</u>	<u>Maximum Reimbursement Amount¹</u>	<u>Cost</u>	<u>No of Sulkies Enrolled</u>	<u>Total Cost</u>
A	Up to \$1000 ²	\$1000	FREE ³	1	MEMBER BENEFIT
B	Up to \$1000 w/wheels	\$1000	\$100	_____	\$ _____
C	\$1001 to \$1500	\$1500	\$150	_____	\$ _____
D	\$1501 to \$2000	\$2000	\$200	_____	\$ _____
E	\$2001 to \$3000	\$3000	\$300	_____	\$ _____
F	\$3001 to \$4000	\$4000	\$400	_____	\$ _____
G	\$4001 to \$5000	\$5000	\$500	_____	\$ _____

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:

<u>Ctgy (A-G)</u>	<u>Color</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Serial No. (if applicable)</u>

Member's Signature _____ Date _____

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

-- Office Use Only --

Rec'd _____ \$ _____ Reg# 1 _____ 2 _____ 3 _____

Cash Ck # _____ Dep _____ DB QB BDR BK \$ _____ \$ _____ \$ _____