



2024

Sulky Accident Insurance Application

PO Box 1811
Plainville, MA 02762

www.hhane.com

508-316-3364

Category	Sulky Value	Maximum Reimbursement Amount ¹	Cost	No of Sulkies Enrolled	Total Cost
A	Up to \$1000 ²	\$1000	FREE ³	1	MEMBER BENEFIT
B	\$1001 to \$1500	\$1500	\$150	_____	\$ _____
C	\$1501 to \$2000	\$2000	\$200	_____	\$ _____
D	\$2001 to \$2500	\$2500	\$250	_____	\$ _____
E	\$2501 to \$3000	\$3000	\$300	_____	\$ _____

Total cost for all enrolled sulkies \$ _____

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

Category

A-E Color Year Make Model Serial No. (if applicable)

Wheels and Jog Carts are not covered under this program

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 \$ _____ \$ _____ \$ _____