



Harness Horseman's Association of New England, Inc.

P.O. Box 1811 ~ Plainville, MA 02762

# 2022 Sulky Accident Insurance Application

Name \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone/cell: \_\_\_\_\_ Email: \_\_\_\_\_

<u>Category</u>	<u>Sulky Value</u>	<u>Maximum Reimbursement Amount<sup>1</sup></u>	<u>Cost</u>	<u>No of Sulkies Enrolled</u>	<u>Total Cost</u>
A	Up to \$1000 <sup>2</sup>	\$1000	FREE <sup>3</sup>	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</u> <u>(A-G)</u>	<u>Color</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Serial No. (if applicable)</u>
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Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>\$50 deductible applies to all reimbursements; HHANE determined value at time of inspection determines maximum amount paid

<sup>2</sup>Sulky only; wheels not included

<sup>3</sup>Member benefit; sulky registration required to activate coverage

-- Office Use Only --

Rec'd \_\_\_\_\_ \$ \_\_\_\_\_

Reg# 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Cash Ck # \_\_\_\_\_ Dep \_\_\_\_\_

DB QB BDR BK

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_