



2025

## Sulky Accident Insurance Application

PO Box 1811  
Plainville, MA 02762

[www.hhane.com](http://www.hhane.com)

508-316-3364

Category	Sulky Value	Maximum Reimbursement Amount <sup>1</sup>	<u>Cost</u>	No of Sulkies Enrolled	Total Cost
A	Up to \$1000 <sup>2</sup>	\$1000	FREE <sup>3</sup>	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 \_\_\_\_\_

<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

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

-- Office Use Only --      Reg# 1      2 \_\_\_\_\_      3 \_\_\_\_\_

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

DB QB BDR BK      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_