



# Hoosier Horsemen's Association

www.hoosierhorsemen.com

Off: 317-781-4017  
Fax: 317-769-4187

## APPLICATION FOR MORTALITY COVERAGE NON-REGISTERED EQUINES

\*IMPLANTED MICROCHIP OR LIP TATOO REQUIRED\*

Customer Name: \_\_\_\_\_ (Parent or guardian's name if owner is a minor)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Veterinarian's Section (This section must be completed by a licensed Veterinarian before application can be processed.)

Horse's Name	Approximate Age	Chip# or Tatoo#	Sex	Color	Markings
	_____ to _____ yrs	REQUIRED			
Does this horse appear to be in excellent health and without injury? Yes___ No___ If No, Explain _____					
Veterinarian's Signature _____ City, St _____ Date ____/____/____					

### Statement of Owner

Legal Owners Name \_\_\_\_\_

Coverage Requested: \$1,000 — \$2,000 — \$3,000 — \$4,000 — \$5,000 —

Is this horse presently covered by any other type of mortality coverage? No\_\_\_ Yes\_\_\_ Coverage Amount \$ \_\_\_\_\_

How often is this horse wormed? \_\_\_\_\_ Date of last worming \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last vaccinations \_\_\_\_/\_\_\_\_/\_\_\_\_

Has this horse been treated by a veterinarian in the last 60 days for other than routine care? No\_\_\_ Yes\_\_\_ If Yes, Explain \_\_\_\_\_

### Application Instructions

- All equine descriptive information entered on the application must be completed by a Licensed Veterinarian
- (4) color pictures showing all sides of the equine must be attached to the application form.
- The application form must be signed and dated by a licensed Veterinarian and by the customer.
- If H.H.A. Membership is being transferred  
From Whom: \_\_\_\_\_  
Purchase Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Enclose a check or money order for the total amount of membership and /or transfer fees.

Benefit Coverage	Membership or Transfer Fee

If transferring a horse's HHA membership **only** include the transfer fee. If an annual membership fee is also due the Association will bill you.

- MAIL APPLICATION TO:  
HOOSIER HORSEMEN'S ASSOCIATION  
P. O. BOX 313  
ZIONSVILLE, INDIANA 46077

Benefit Coverage	Annual Membership Dues	Membership Transfer Fees	Death ** Assessment Fees
\$1,000	\$11.00	\$5.50	\$2.00
\$2,000	\$11.00	\$5.50	\$3.50
\$3,000	\$22.00	\$11.00	\$4.50
\$4,000	\$22.00	\$11.00	\$6.50
\$5,000	\$27.50	\$13.75	\$8.25

\*\*Death Assessments Fees are assessed each time a member horse dies

### Death Assessments are billed Bi-Monthly

(January, March, May, July, September, and November)

I, the undersigned, hereby certify that I have read all the Bylaws/Rules/Regulations and shall abide by all. I further understand that the Hoosier Horsemen's Association is not an insurance company, but rather, a Mutual Membership Benefit Association. The answers to all questions on this application are absolutely true, correct and complete.

Dated \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_

Customer's Signature \_\_\_\_\_  
or

(Parent or guardian's signature if customer is a minor)