



Hoosier Horsemen's Association

www.hoosierhorsemen.com

Off: 317-781-4017

Fax: 317-769-4187

APPLICATION FOR MORTALITY COVERAGE REGISTERED EQUINES

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

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: (____) _____ - _____ Work #: (____) _____ - _____ Cell #: (____) _____ - _____

E-Mail Address: _____

ALL INFORMATION MUST BE COMPLETED BEFORE APPLICATION WILL BE PROCESSED

Horse's Registered Name	Foal Date	Reg# or Tatoo#	Breed	Sex	Registered Owner's Name	Usage
	/ /					

Statement of Owner

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 information shown on application must match the registration papers.
- A copy of the horse's registration papers must be attached to the application form.
- The application form must be signed and dated.
- 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	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)