



# Hoosier Horsemen's Association

www.hoosierhorsemen.com

Off: 317-781-4017

Fax: 317-769-4187

## APPLICATION FOR WEANLING MORTALITY COVERAGE NON-REGISTERED WEANLINGS

Customer Name: \_\_\_\_\_

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

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

Home Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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 Tatoon#	Sex	Color	Markings
	_____ to _____ yrs				

Does this horse appear to be in excellent health and without injury? Yes\_\_\_ No\_\_\_ If No, Explain \_\_\_\_\_

Veterinarian's Signature \_\_\_\_\_ City, St \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Foal's Name: \_\_\_\_\_ Mortality Coverage Requested: \$1,000 \_\_\_ \$2,000 \_\_\_ \$2,500 \_\_\_

Is this horse presently covered by any other type of mortality coverage? No \_\_\_ Yes\_\_\_ Providers Name \_\_\_\_\_

How often has this foal been wormed? \_\_\_ Date of last vaccinations \_\_/\_\_/\_\_ Coverage Amount \$ \_\_\_\_\_

Is this foal in excellent health and without injury? Yes \_\_\_ No \_\_\_ If No, Explain \_\_\_\_\_

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

Benefit Coverage	Annual Membership Dues	Transfer Fees	Death ** Assessment Fees
\$1,000	\$ 75.00	\$25.00	\$3.50
\$2,000	\$ 75.00	\$25.00	\$4.50
\$2,500	\$100.00	\$25.00	\$5.50

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

### Death Assessments are billed Bi-Monthly

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

### Application Instructions

- All information shown on application must match the Breeders Certificate and the registration papers.
- A Copy of the breeders's Certificate and Dam's registration papers must be attached to the application form.
- Color photo(s) of the weanling showing all markings must be attached to the application.
- The application form must be signed and dated.
- Enclose a check or money order for the total amount of membership and /or transfer fees.

### 6. MAIL APPLICATION TO:

HOOSIER HORSEMEN'S ASSOCIATION  
P. O. BOX 313  
ZIONSVILLE, INDIANA 46077

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 are absolutely true, correct and complete.

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

Customer's Signature \_\_\_\_\_  
or  
(parent or guardian's signature if customer is a minor)

Benefit Coverage	Membership or Transfer Fee

\* If transferring a horse's HHA membership only include the transfer fee.