



Hoosier Horsemen's Association

www.hoosierhorsemen.com

Off: 317-781-4017

Fax: 317-769-4187

APPLICATION FOR WEANLING MORTALITY COVERAGE REGISTERED EQUINES

Customer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) ____ - ____

Work Telephone: (____) ____ - ____

E-Mail Address: _____

ALL INFORMATION MUST BE COMPLETED FOR EACH HORSE BEFORE APPLICATION WILL BE PROCESSED

Stallion & Dam Reg Names	Reg#	Breed	Foal's Name	Foal Date	Sex	Registered Owners Name
				/ /		

Have you been cancelled or denied mortality coverage on your horse(s) at any time? No ___ Yes ___

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.

Benefit Coverage	Membership or Transfer Fee

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

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)