



# 2008 MHHA SULKY INSURANCE APPLICATION

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (m.i.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone( \_\_\_\_\_ ) \_\_\_\_\_ Cell( \_\_\_\_\_ ) \_\_\_\_\_

Communication Preference: (check one)  E-mail  Postal Mail

Email Address \_\_\_\_\_

### *Sulky Insurance Premiums*

<u>Sulky Value</u>	<u>Insured Amount</u>	<u>Premium</u>	<u># of Sulkys</u>	<u>Total \$</u>
\$0 to 500	\$500	\$50	_____	_____
\$501 to \$1,000	\$1,000	\$100	_____	_____
\$1,001 to \$1,500	\$1,500	\$150	_____	_____
\$1,501 to \$2,000	\$2,000	\$200	_____	_____
\$2,001 and up	\$2,500	\$250	_____	_____

Individual Sulky Insurance \$ \_\_\_\_\_

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>COLOR</u>	<u>SERIAL #(if applicable)</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

*\*I have read and understand the Sulky Insurance user agreement.* \_\_\_\_\_

*Make checks payable to MHHA and return form with payment to:*

MHHA PO Box 436 Augusta ME 04332-0436