



2010 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>
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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