



# Hoosier Horsemen's Association

Off: 317-781-4017  
Fax: 317-769-4187  
www.hoosierhorsemen.com

## STANDARD PLAN APPLICATION FOR NEW OR TRANSFERRED COVERAGE NON-REGISTERED EQUINES

**\*IMPLANTED MICROCHIP OR LIP TATTOO REQUIRED\***

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

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

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

**Home #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Work #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

### Veterinarian's Section (This section must be completed by a licensed Veterinarian before application can be processed.)

Horses's Name	Approximate Age	Chip # or Tattoo #	Sex	Color	Markings
	_____ to _____ yrs	Required			
Does this horse appear to be in excellent health and without injury? Yes___ No___ If No, Explain _____					
<b>Veterinarian's Signature</b> _____ <b>City, St</b> _____ <b>Date</b> ____/____/____					

### Statement of Owner

**Coverage Requested:** \$1,000 \_\_\_ \$2,000 \_\_\_ \$3,000 \_\_\_ \$4,000 \_\_\_ \$5,000 \_\_\_

**Legal Owners Name:** \_\_\_\_\_ **Is Applicant HYPP Postive?** \_\_\_ Yes \_\_\_ No

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 equine descriptive information entered on the application must be completed by a Licensed Veterinarian
- (4) color pictures showing all sides of the equine **must** be attached to the application form.
- The application form must be signed and dated by a licensed Veterinarian and by the customer.
- 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	Membership Transfer Fees	Death ** Assessment Fees
\$1,000	\$13.00	\$6.50	\$2.25
\$2,000	\$14.00	\$7.00	\$3.75
\$3,000	\$25.50	\$12.75	\$4.75
\$4,000	\$26.00	\$13.00	\$7.00
\$5,000	\$32.00	\$16.00	\$8.75

\*\*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)