



Sulky Coverage Claim Form

Date of Accident: _____ Track: _____ Race Number: _____

Name of Horse Involved _____

LIST ALL HORSE OWNER(S) OR LESSEE(S)

Current OHHA Member Circle Yes or No

_____	Address _____	Yes	No
_____	Address _____	Yes	No
_____	Address _____	Yes	No
Driver of Horse _____	Address _____	Yes	No
Sulky Owner _____	Address _____	Yes	No
Sulky Owner's Signature X _____	Read coverage conditions on reverse side before signing.		
(Please Sign and Print your Name Above)			

TO BE FILLED IN BY JUDGE OR OHHA TRACK REPRESENTATIVE

Parts of Sulky Damaged (describe) _____
 _____ Make _____ Color _____ Size _____

Description of Accident _____

Signature **X** _____
 Judge or OHHA Track Representative
 (Please Sign and Print your Name Above)

TO BE FILLED IN BY MANUFACTURER OR REPAIR FIRM ONLY

Make _____ Color _____ Size _____ Serial Number (Must be included) _____

List Parts to Be Replaced:

List Miscellaneous Materials:

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

_____	\$
_____	\$
List Labor Charge	\$
TOTAL REPAIR COST ESTIMATE:	\$

Manufacturer or Repair Company Name: _____

Address: _____

City, State, Zip: _____

Company Phone Number _____

Repair Company Payment Method: () Check () ACH Transfer

Note where to mail check if requesting a check: _____

If ACH Transfer, include bank details: Account name as it appears on the account statement, account number, routing number, and bank name below:

Manufacturer or Repair Company's Signature **X** _____

FOR OFFICE USE ONLY:

Date Received: _____	OHHA Supplemental Sulky Coverage: _____	Final \$ _____
() Allowed () Disallowed	() Yes () No	Authorized for payment by: _____
Remarks: _____	Coverage Level: _____	Date Check Mailed: _____
_____	_____	Make Check Payable to: _____