

**MHHA
SULKY ACCIDENT
REIMBURSEMENT PROGRAM
APPLICATION**

Name (last) _____ (first) _____ (m.i.) _____

Mailing Address _____

Town _____ State _____ Zip _____

Phone (_____) _____ Cell (_____) _____

<u>Sulky value</u>	<u>Reimbursement Amount</u>	<u>Cost</u>	<u># of Sulkys</u>	<u>Total \$</u>
\$501 to \$1,000	\$1,000	\$50	_____	_____
\$1,001 to \$1,500	\$1,500	\$100	_____	_____
\$1,501 to \$2,000	\$2,000	\$150	_____	_____
\$2,001 to \$2,500	\$2,500	\$200	_____	_____
\$2,501 to \$3,000	\$3,000	\$250	_____	_____
\$3,001 to \$4,500	\$4,500	\$300	_____	_____

Total Individual Sulky Reimbursement Program Cost \$ _____

YEAR MAKE MODEL COLOR SERIAL # (if applicable)

1 _____

2 _____

** I have read and understand the Sulky Accident Reimbursement Program User Agreement:

*** This coverage is only for accidents that happen in the State of Maine.*

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

**MHHA
PO Box 436
Augusta, ME 04332-0436**