

# STANDARD BRED BREEDERS & OWNERS ASSOCIATION OF NJ

## SULKY CLAIM

**THE PROGRAMED DRIVER, TRAINER AND ALL OWNERS OF THE HORSE MUST BE CURRENT MEMBERS OF THE SBOANJ PRIOR TO THE DATE OF THE ACCIDENT. *DAMAGED WHEELS ARE NOT COVERED UNDER THIS POLICY.***

Name of Horse \_\_\_\_\_ Race Track \_\_\_\_\_

Race Number \_\_\_\_\_ Post Position \_\_\_\_\_ Date \_\_\_\_\_

Accident occurred in: Race ( ) or Qualifier ( )

Owner (s) of Horse \_\_\_\_\_

Program Trainer \_\_\_\_\_ Driver \_\_\_\_\_

Manufacturer of Sulky \_\_\_\_\_ Serial # \_\_\_\_\_

*Race bike must be made by a certified manufacturer. Serial number and manufacture date must be displayed on the race bike. All damage is to be determined and verified by the manufacturer and bill submitted to SBOANJ.*

Payment to be made to: \_\_\_\_\_

Give Brief Description of Accident \_\_\_\_\_

Age	Coverage	Payment
Up to 6 months	100%	\$4,000
6 months-1 year	75%	\$3,000
2 years	50%	\$2,000
3 years	25%	\$1,000

After 3 years maximum repair payment is \$750

*No coverage after 5 years*

**CLAIMANT'S STATEMENT:** I, the undersigned as owner of the race bike, acknowledge my understanding of the regulations of this insurance policy. I accept responsibility for the information contained in this claim as being factual. I further understand that signing a fraudulent claim may result in serious penalties. **I HEREBY AGREE TO PAY \$50 DEDUCTIBLE.**

*Signature* \_\_\_\_\_ Date \_\_\_\_\_

**HORSEMEN'S REPRESENTATIVES' STATEMENT:** I acknowledge that I have examined and photographed the above sulky and supplied program verification. I verify that the claim was filed within the required 48-hour period and that I have verbally informed the claimant of the rules and regulations of this policy.

Horsemen's Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

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### FOR OFFICE USE ONLY

Claim approved: \_\_\_\_\_ Age of race bike: \_\_\_\_\_ Bill received: \_\_\_\_\_ Payment: \_\_\_\_\_

Claim denied: (reason) \_\_\_\_\_