

STANDARD BRED BREEDERS & OWNERS ASSOCIATION OF NJ, INC.

64 Business Route 33, Manalapan, NJ 07726 (732) 462-2357 Fax: (732) 409-0741

SULKY CLAIM

ALL OWNERS, TRAINERS, AND DRIVER OF THE HORSE MUST BE CURRENT MEMBERS OF THE SBOANJ PRIOR TO THE DATE OF THE ACCIDENT. A JUDGES REPORT MUST BE INCLUDED FOR ALL TRACK ACCIDENTS.

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 #: _____

Payment to be made to: _____

Give Brief Description of Accident _____

OLD OR DETERIORATED SULKIES WILL BE PRO-RATED AS TO THEIR CURRENT VALUE. CLAIMS MUST BE FILED WITHIN 48 HOURS OF THE ACCIDENT. BIKES MUST REMAIN ON-SITE UNTIL INSPECTED BY A HORSEMAN'S REPRESENTATIVE AND BEFORE ANY REPAIRS CAN BE MADE. **Damaged bikes must be verified with a photo and proof of current owner, driver and trainer.**

DAMAGED WHEELS ARE NOT COVERED UNDER THIS POLICY.

CLAIMANT'S STATEMENT: I, the undersigned, 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 _____

FOR OFFICE USE ONLY

Condition of Sulky Poor () Fair () Good () Estimated Value of Sulky _____

Cost of Repair _____ (\$1,500.00 maximum allowed)

Less Deductible (\$50.00)

Total _____

BILLS MUST BE ITEMIZED WHEN SUBMITTED. REPLACEMENT COST FOR WHEELS WILL BE DEDUCTED FROM BILL, IF INCLUDED.

HORSEMEN'S REPRESENTATIVES' STATEMENT: I acknowledge that I have examined and photographed the above sulky. 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 Rep Signature _____ Date _____