



# ISA SULKY/JOG CART INSURANCE

## ACCIDENT REPORT FORM

**Please complete the entire accident report and return to:**

Indiana Standardbred Association  
311 American Legion Place  
Greenfield, IN 46140

**Note \*\* Items (A),(B), and (C) must be complete before payment can be issued.**

I, \_\_\_\_\_ do hereby submit this report to the ISA Board of Directors on the accident described below:

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Type of Race: (circle one)      **Qualifying**      **Pari-Mutuel**      **Fair**

Name of witness(s) to the accident: \_\_\_\_\_  
(Please Print)

Name of ISA Director(s) and/or ISA Horsemen's Representative if possible: \_\_\_\_\_

Name of Racetrack: \_\_\_\_\_ Race #: \_\_\_\_\_

Name of Claimant's Horse involved in accident: \_\_\_\_\_

List **NAMES** and **ADDRESSES** of **ALL OWNER'S OR LESSEES** of the claimant's horse:

Name	Address	City	State	Zip

Name	Address	City	State	Zip

Name	Address	City	State	Zip

(Use the back of the form for additional names)

Driver's name of claimant's horse: \_\_\_\_\_

Trainer's name of claimant's horse: \_\_\_\_\_

Were the driver, trainer, and owner(s) listed above **PAID 2026 ISA** members before the time the claimants accident occurred? (circle one)      **YES**      **NO**

If **NO**, please state the name(s) of the person(s) who is NOT an ISA member: \_\_\_\_\_

Name of other horse(s) involved: \_\_\_\_\_

Driver(s) names of other horse(s) involved: \_\_\_\_\_

**ISA Sulky/Jog Cart Accident Report Form**

Please give a brief description of the accident:

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Age and make of the sulky/jog cart: \_\_\_\_\_

Owner(s) of damaged equipment: \_\_\_\_\_

**(A)** Please provide the *name and address of the owner who will receive the payment* from the ISA for the sulky insurance claim:

\_\_\_\_\_  
Name Address City State Zip

Equipment Damaged (please specify the parts): \_\_\_\_\_

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***I do hereby declare that the information of the above stated accident, as submitted, including ownership, driver, and trainer of the claimant's horse described in the claim, is a true statement and is in no way submitted with the intention to knowingly deceive or mislead.***

**(B)** \_\_\_\_\_  
Signature of claimant submitting accident claim Date

\_\_\_\_\_  
Please Print the name of the claimant submitting accident claim Phone Number

**\*\*\*The ISA Board of Directors reserves the right to ask for a second opinion from a reputable dealer regarding the appraisal of the equipment damaged in the accident. The ISA Board of Directors reserves the right to reject any questionable claim and will have the final decision in any dispute.**

**(C) APPRAISAL OF EQUIPMENT DAMAGED IN ACCIDENT:**

***This box is to be completed by a reputable dealer of sales or repair for sulkies and jog carts.***

**Appraiser:** Please attach a brief description (and picture if possible) of the damages to the equipment.

Appraised Value for Repair: \_\_\_\_\_

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Please **PRINT** the name and address of appraiser