



PO Box 2009 • Glen Allen, VA 23058
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Harness Horseman International CLAIM FORM

(You **must PRINT** except where an actual signature is required. All questions must be answered and this **2 page document** must be completed in its entirety. Incomplete documents may create unnecessary delays in the claims process.)

A. TO BE COMPLETED BY THE MEMBER SEEKING COVERAGE

1. Date of Loss: _____
2. Member's Full LEGAL Name: _____
3. Member's Full LEGAL Address: (PO Box addresses will not be accepted.)
 Street address: _____
 City: _____ State: _____ Zip: _____
 Please check one: I own this home I rent/other at this address
4. Phone Numbers – Work: (____) _____ Home: (____) _____
 Cell: (____) _____
5. List ALL state associations of which you were a member at the time of the loss. (if necessary, attach a separate sheet & provide all information) _____

6. a. Membership Number: _____ b. Effective Date: _____
 (If a member of multiple associations, provide this information for all associations of which you are a member)
7. a. My **Horse liability** insurance is with _____ Insurance Company
OR At the time of this loss, I did **not** have any horse liability insurance. (Please initial: _____)
- b. My **Farm** insurance policy is with _____ Insurance Company
OR At the time of this loss, I did **not** have any farm insurance. (Please initial: _____)
- c. My **Homeowners/ Renters** insurance is with _____ Insurance Company
OR At the time of this loss, I did **not** have homeowners/renters insurance. (Please initial: _____)
- d. My **Mortality** insurance policy is with _____ Insurance Company
OR At the time of this loss, I did **not** have any mortality insurance. (Please initial: _____)
8. a. Registered name of horse involved: _____
 b. Involved horse(s) nickname (i.e. horses' barn name): _____
 c. Registration number of horse involved: _____
 d. Brief physical description of horse(s) involved: _____

- e. **Trainer Information**
 Name: _____
 Address: _____ Phone Number: _____
 Carry their own liability insurance: Yes No Insurance Company: _____

Vet Information

Name: _____
 Address: _____
 Phone Number: _____

(If more than 1 horse involved, attach separate sheet of paper & provide all information in #3 on each additional horse involved.)

9. a. Does the owner of the facility (where the loss took place) have insurance? Yes No

I do **not** know if the property owner has insurance. (Please initial _____)

b. If yes, who is their insurance carrier: _____ Insurance Company

c. Policy Number: _____ Claim Number: _____

B. Additional information to provide, by attachment to this claim form:

1. Detailed information on the current status and location of the involved horse(s).
2. The full identity and contact information for the person(s) **physically** in control of the involved horse(s) at the time of the loss.
3. Police and/or security report(s).
4. The name and address of the loss location.
5. The name and address of the owner of the facility/property where the loss took place.
6. Regarding accident/loss while in transit, provide detailed specifics as to point of origin and destination, as well as any stops that were made in between. Detailed timeline should be submitted.

Member's Signature: _____

Date Signed: _____

C. TO BE COMPLETED BY THE ASSOCIATION

Name of Association: _____

I, _____, confirm that _____ was a paid-up Member in good standing with our Association as of _____ (loss date).

PLEASE COMPLETE 1 OR 2 below, whichever is applicable:

1. Our Association **does** have separate liability insurance through _____ Insurance Co.
Policy Number _____

2. Our Association does **not** have separate liability insurance _____ (Initials)

Printed Name of Association President: _____

Signature of Association President: _____

Date: _____

Policy Number: 8502AG060560-16

Policy Effective: 06/01/11 to 06/01/12

**This document does not convey coverage.
Coverage is determined by the terms and conditions of the insurance policy.**

HARNESS HORSEMEN INTERNATIONAL
319 HIGH STREET, SUITE 2
BURLINGTON, NJ 08016
(609) 747-1000 * FAX (609) 747-1012

GENERAL LIABILITY REPORT

Date of Incident: _____

Time: _____

Location of Loss (Name, Address, City, State) : _____

Description of Loss (how it happened): _____

Name of Claimant: _____

Address of Claimant (address, city , state, zip): _____

Telephone number (daytime): (_____) _____

Person (s) in control of horse at the time of loss: _____

Contact information for this person: (_____) _____

Name of Insured (owner (s) of horse): _____

Address of Insured (street address, city, state, zip): _____

Telephone Number (daytime): (_____) _____

Horses Name and Location: _____

Status of Horse: _____

Signature/Title of Person Completing Report

Date of Report