



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)*

TO BE COMPLETED BY THE MEMBER

Member's Full LEGAL Name: _____

Member's Full LEGAL Address: (PO Box addresses will not be accepted.)

Street address: _____

City: _____ State: _____ Zip: _____

Member's Phone Numbers: Work: (_____) _____

Home: (_____) _____ Cell: (_____) _____

Please list **ALL** state associations of which you are a member
(if necessary, attach a separate sheet & provide all information)

1. a. Membership Number: _____

b. Effective Date of Membership: _____

(If a member of multiple associations, provide this information for all associations of which you are a member)

2. a. My **Horse liability** insurance is with _____ Insurance Company
I do **not** have any horse liability insurance. (Please initial: _____)

b. My **Farm** insurance policy is with _____ Insurance Company
I do **not** have Farm insurance. (Please initial: _____)

c. My **Homeowners/ Renters** insurance is with _____ Insurance Company
I do **not** have homeowners/renters insurance. (Please initial: _____)

d. My **Mortality** insurance policy is with _____ Insurance Company
I do **not** have Mortality insurance (Please initial: _____)

3. a. Registered name of horse involved: _____

b. Barn name of horse involved: _____

c. Registration number of horse involved: _____

d. Brief physical description of horse involved _____

e. Full name, address & phone number of the **TRAINER**:
(name) _____

(address) _____

(phone number) _____

.....
Full name, address & phone number of the **VET**:

(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.)

4. Does the Trainer have his/her own liability insurance? Yes No

Who is the carrier: _____

Please provide Markel with the following information immediately:

1. Detailed information on the current status and location of the horse(s).
2. The full identity and contact information for the person(s) **physically** in control of the 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. Does the owner of the facility (where the loss took place) have insurance? Yes No
If so, who is their insurance carrier: _____ Insurance Co.
Policy number _____

Member's Signature: _____ **Date Signed:** _____

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 _____ (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: 8502AG060560-14

Policy Effective: 06/01/09 to 06/01/10

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