

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

GENERAL LIABILITY REPORT

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Police/Security Called: \_\_\_\_\_ Is there a report: \_\_\_\_\_

Location of Loss (Name, Address, City, State): \_\_\_\_\_

Description of Loss (how it happened): \_\_\_\_\_

\_\_\_\_\_

Name of Claimant: \_\_\_\_\_

Address of Claimant (address, city, state, zip code): \_\_\_\_\_

Telephone number (daytime): \_\_\_\_\_

Person in control of horse at the time of loss: \_\_\_\_\_

Telephone number (daytime): \_\_\_\_\_

Name of Insured (Owner(s) of horse): \_\_\_\_\_

Address of Insured (address, city, state, zip code): \_\_\_\_\_

Telephone number (daytime): \_\_\_\_\_

Horses Name and Present Location: \_\_\_\_\_

Status of Horse: \_\_\_\_\_

Signature of Person Completing this Report

Date of Report

\_\_\_\_\_

\_\_\_\_\_



# Harness Horseman International Claim Form

P.O. Box 2009 • Glen Allen, VA 23058-2009  
Phone: (800) 362-7535 • Fax: (804) 747-9367  
Email forms to: [newclaims@markel.com](mailto:newclaims@markel.com)

(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)

## TO BE COMPLETED BY THE **MEMBER** SEEKING COVERAGE

Date of Loss: \_\_\_\_\_

Member's Full LEGAL Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Please check one:  I own this home  I rent/other this address

Phone numbers: Work: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

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): \_\_\_\_\_

At the time of this accident, I owned (either partially or fully) \_\_\_\_\_ horses.

1. a. Membership Number: \_\_\_\_\_ b. Effective Date: \_\_\_\_\_  
(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.  
**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 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/Major Medical** insurance policy for the involved horse(s) is with \_\_\_\_\_ Insurance Company.  
**OR** At the time of this loss I did **not** have Mortality insurance (Please initial: \_\_\_\_\_)

3. a. Registered name of horse involved: \_\_\_\_\_

b. Involved horse(s) nickname (aka horse(s)barn name): \_\_\_\_\_

c. Registration number of horse involved: \_\_\_\_\_

d. Brief physical description of horse(s)involved: \_\_\_\_\_

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

Full name, address & phone number of the involved horse(s) primary care **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: \_\_\_\_\_

**HHI CLAIM FORM (PAGE 2) - MEMBER NAME/NUMBER:** \_\_\_\_\_

**Please provide (by attachment to this claim form) the following information:**

1. Detailed information on the current status and location of the involved horse(s).
2. The full identity & contact information for person(s) **physically** in control of the involved horse(s) at the time of the loss.
3. All police, fire and/or security report(s).
4. A detailed description of where, when, and how the accident occurred.
5. The name and address of the loss location.
6. The name and address of the owner of the facility/property where the loss took place.
7. 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. A detailed timeline is required.
8. Does the owner of the facility (where the loss took place) have insurance?  Yes  No  
If so, who is their insurance carrier? \_\_\_\_\_ Insurance Company.  
Policy number \_\_\_\_\_ Claim # \_\_\_\_\_ OR  
I do not know if the property owner has insurance. (Please initial \_\_\_\_\_)

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 Company.  
Policy Number \_\_\_\_\_

**OR**

2. Our Association does not have separate liability insurance \_\_\_\_\_ (Initials)

Printed Name of Association President: \_\_\_\_\_

Signature of Association President: \_\_\_\_\_

Date: \_\_\_\_\_

**Policy Number:** 8502AG060560-27 **Policy Effective:** 06/01/22 to 06/01/23

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