

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