



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@marketcorp.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: 8502AG060560-21 **Policy Effective:** 06/01/16 to 06/01/17

**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