



Harness Horseman International Equine Claim Form

Email forms to: CNPEquineClaimsUS@canopius.com

TO BE COMPLETED BY THE MEMBER SEEKING COVERAGE

Member's Full Legal Name: _____

Member's Full Address: _____

Email address: _____ Phone: _____

Membership number: _____ Effective date: _____

My horse liability insurance is with _____ Insurance Company

OR At the time of this loss, I did not have any horse liability insurance (Initial: _____)

My farm insurance is with _____ Insurance Company

OR At the time of this loss, I did not have any farm insurance (Initial: _____)

My homeowner's/renter's insurance is with _____ Insurance Company

OR At the time of this loss, I did not have homeowner's/renter's insurance (Initial: _____)

My equine mortality insurance is with _____ Insurance Company

OR At the time of this loss, I did not have any horse mortality insurance (Initial: _____)

Date of Loss: _____

Registered name of involved horse: _____

"Barn" name of involved horse: _____

Registration number of horse: _____

Brief physical description of horse: _____

Full name, address and phone number of trainer: _____

Does the trainer have their own liability insurance? Yes _____ No _____

Carrier: _____

Full name, address and phone number of veterinarian _____

Please provide by attachment to this claim form the following details:

- 1) Detailed information on the current status and location of the involved horse(s).
- 2) The full name and contact details of the person physically in control of the involved horse(s) at the time of loss.
- 3) All police, fire and/or security report(s) available.
- 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 occurred.
- 7) If this was a loss in transit, please provide detailed specifics as to point of origin and destination including any stops that were made.
- 8) Does the facility owner where the loss occurred have insurance? Yes____ No____
 - a. If so, who is their insurance carrier? _____
 - b. Policy number: _____ OR

I do not know if the property owner has insurance. Initial: _____

Member 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, 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. Initial: _____

Printed name of Association President: _____

Signature of Association President: _____

Date: _____

Policy Number: _____ Policy Effective: _____

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