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General Liability, Inland Marine, Multiple Perils Claim Form

TO BE COMPLETED BY THE MEMBER SEEKING COVERAGE

1. What Type of Claim is it? Who is the Member seeking Coverage?

• Member Seeking Coverage is the Owner(s) of the horse(s) that is the subject of or caused the incident a claim is being submitted for.

• FOR EXCESS COVERAGE THIRD PARTY LIABILITY, THE POLICY INFORMATION IS AS FOLLOWS:

Cincinnati Specialty Underwriters Insurance Company, General Liability and Inland Marine, Policy Number: CSU0168693 (General Liability) and CSU0168694 (Inland Marine)

Policy Effective Dates: 06/01/22 to 06/01/23

For All Third Party Liability or Inland Marine Claims: Immediately call Coverlink Insurance to report the Claim at 937-653-7611 (Melodi Wilkins). Fax documents to, (937) 653-4457.

• FOR HORSE MULTIPLE PERILS OR MORTALITY, THE POLICY INFORMATION IS AS FOLLOWS:

Certain Underwriters at Lloyds of London, Multiple Perils, Policy Number: SMG03-04-22-02384P

Policy Effective: 06/01/22 to 06/01/23

For all Claims immediately call the number listed below. That must be done immediately and prior to any decision for euthanasia being made by a veterinarian. The insurance company must be notified first!

For All Horse Multiple Peril or Mortality Claims: Immediately call, Independent Adjusters, Inc. (888) 523-5878 or (502) 839-6001 or Smith Embry Insurance Associates (502) 493-9911 to report the Claim for the Horse Mortality policy listed above. Fax documents to, (502) 493-0070.

Submission of a claim or this document does not convey coverage.

Coverage is determined by the terms and conditions of the OHHA Member Benefit and Insurance Policies.

2. For All Claims: Gather and have on hand the following information when you call the Claims Submission telephone numbers, above. If more than one Owner, provide all information in #3 for each additional Owner involved.

Date of Loss: _____

Member's Full LEGAL Name: _____

Member's Full LEGAL Address: (P.O. Box addresses will not be accepted.) Street address: _____

City: _____ State: _____ Zip: _____ E-mail Address _____

Please check the box whether the address noted above is a: Rental Property, or you Own the Property indicated, above.

Contact information: Telephone (Home) _____, (Cell) _____ (Other) _____

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

3. a. OHHA Membership Number: _____ b. OHHA Membership Effective Date: _____

4. a. My Horse liability insurance is with _____ Insurance Company, policy # _____.

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, policy # _____.

OR At the time of this loss **I did not have** Farm insurance. (Please initial: _____)

c. My Homeowners/Renters insurance is with _____ Insurance Company, policy # _____.

OR At the time of this loss **I did not have** homeowners/renter's insurance. (Please initial: _____)

d. My Mortality/Major Medical insurance policy for the involved horse(s) is with, _____ Insurance Company, policy # _____.

OR At the time of this loss **I did not have** Mortality insurance for the involved horse(s) (Please initial: _____)

5. a. Registered name of horse involved: _____

Involved horse(s) nickname (aka horse(s)/barn name): _____

Registration number of horse involved: _____

Brief physical description of horse(s) involved: _____

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

(name) _____

(address) _____

(phone number) _____

c. Full name, address & phone number of the involved horse(s) primary care **VETERINARIAN:**

(name) _____

(address) _____

(phone number) _____

If more than 1 horse was involved, attach separate sheet of paper & provide all information in #6 on each additional horse involved.

6. Does the Owner or Trainer have his/her own liability insurance? Yes No Unknown

Who is the carrier: _____, policy # _____

Please provide (by completing the **General Liability Report, attached to this claim form) the following information:**

7. Detailed information on the current-status and location of the involved horse(s).

8. The full identity and contact information for person(s) physically in control of the involved horse(s) at the time of the loss.

9. All police, fire and/or security report(s).

10. If you have received any written notices from the Claimant or his/her Attorney, please provide copies of any Notice.

11. A detailed description of where, when, and how the accident occurred.

12. The name and address of the loss location.

13. The name and address of the owner of the facility/property where the loss took place.

14. 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.

15. Does the owner of the facility (where the loss took place) have insurance? Yes No Unknown

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: _____)

16. OHHA Membership Number and name _____ (please print), affirms that all Owners of the horse that is the subject of the claim were full-active, paid-up OHHA Member(s) in good standing, with the Ohio Harness Horseman's Association as-of, _____ (Date of Membership).

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

**Submission of a claim or this document does not convey coverage.
Coverage is determined by the terms and conditions of the OHHA Member Benefit and Insurance Policies.**

GENERAL LIABILITY REPORT

Date of Incident: _____ Time: _____

Police/Security Called: _____ Is there a report: _____ (if so, attach.)

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 _____