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(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.)

General Liability, Inland Marine, Multiple Perils Claim Form

TO BE COMPLETED BY THE MEMBER

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.

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

2. 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: _____)

3. 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 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 Unknown

Who is the carrier: _____, policy # _____

CLAIM FORM - MEMBER NAME/NUMBER: _____

Please provide (by completion of the General Liability Form, attached 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 and 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. If you have received any written notices from the Claimant or his/her Attorney, please provide copies of any Notice.
5. A detailed description of where, when, and how the accident occurred.
6. The name and address of the loss location.
7. The name and address of the owner of the facility/property where the loss took place.
8. 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.
9. 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: _____)

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

TO BE COMPLETED BY THE ASSOCIATION

Name of Association _____, confirms 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 Executive Director: _____

Signature of Association Executive Director: _____

Date: _____

Capitol Indemnity Corporation, General Liability and Inland Marine, Policy Number: PR02950292-01

Policy Effective: 06/01/19 to 06/01/20

Certain Underwriters at Lloyds of London, Multiple Perils, Policy Number: SMG03-04-19-00930P

Policy Effective: 06/01/19 to 06/01/20

Claims: Independent Adjusters, Inc. (888) 523-5878 or (502) 839-6001 or Smith Embry Insurance Associates (502) 493-9911

Submission of this document does not convey coverage.

Coverage is determined by the terms and conditions of the insurance policy.

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 _____