

URGENT!!

FOR YOUR PROTECTION

ALL CLAIMS AND INCIDENTS MUST BE

REPORTED IMMEDIATELY WITH THE

ATTACHED FORM.

INSTRUCTIONS FOR LIABILITY INCIDENT OR CLAIM REPORTING AND RELATED MATTERS

When an Incident, Accident, or Claim occurs, proceed as follows:

1. ***Immediately:*** Call Ark Agency, 1-800-328-8894, to notify us of the incident, accident or claim. Advise us of your name and business name, date and time of the incident, location of the incident, name of the injured person, and nature of the injuries or damages. Leave a message if it is after business hours or over a weekend.
2. **Within Two Business Days, Complete and submit the following documents:**
 - A. **NAHA Form 14 First Report – Incident / Accident / Claim** (Keep a copy for your file.)
 - B. **Staff Witness Reports** - Have all staff members who were witnesses to the incident immediately complete the *Staff Witness Reports*. Make additional copies of the forms as needed. (Keep copies for your file.)
 - C. **Gather all signed Release Waivers and Warning Forms** that relate to the injured party or parties. Submit copies to Ark Agency, but keep the originals in a safe place.

Send all documents to Ark Agency by e-mail, fax or registered or certified over-night delivery. Use the addresses or numbers listed at the top of this page.

3. **Follow-up with Ark Agency staff within two business days to be sure your notification and documents were received.** Do not hesitate to call if you have questions.

If a horse caused the reported accident and was being ridden, driven, or used in some way by the public as part of your business operations, you may be required to remove the horse from public use until NAHA underwriters can determine if the horse can again be placed back into public-use. Most horses can be reintroduced back into public use within 2 to 14 days. This request will usually be made when the horse acted to cause a serious injury and / or when a horse acted in one or more of the following ways: ① Ran out of control and could not be stopped within 50 feet. ② Bucked and threw a rider. ③ Kicked, causing injury to a person or animal. ④ Laid or fell down for no obvious reason. ⑤ Reared and unseated rider. ⑥ Bit without provocation and caused human injury. You may be required to take one or more of the following actions to prepare the horse for re-use. ① Have the horse vet-checked. ② Re-school the horse for up to 5 hours. ③ Test the horse for Remembrance Reaction or action tendencies that caused the accident.

Your underwriter at Ark Agency will endeavor to turn your **First Report** and attachments over to Insurance Company Claims Examiners the same business day received. An insurance company examiner and incident / claim number will be assigned to you within just a few days. If a Claims Examiner does not contact you within three business days, please call Ark Agency. The Examiner will investigate the incident to determine liability and whether payment of any claims or medical expense is appropriate in each case. It is the Examiner's responsibility to gather the facts and to protect your interests. It is your responsibility to cooperate fully with the Claims Examiner and to complete your reports as completely as possible. **Should you receive a letter from an attorney, a demand letter or a law suit, it must be turned in to the Claims Examiner and the Insurance Company immediately.**

DO NOT:

- * **Do not admit responsibility for an incident, accident or injury.** Do not state or promise to anyone that damages or injury costs will be paid for by you or your Insurance Company. Discuss such issues with your adjuster and follow his or her instructions.
- * **Do not divulge information about your insurance coverage.** Your policy, policy number, Insurance Company name, liability limits, and coverages should be kept in strict confidence for your own protection. Confer with your adjuster before divulging this type of information to anyone and follow his or her instructions.
- * **Do not discuss an accident or injury with anyone other than your authorized Insurance Company adjuster, insurance agent, Ark International Group personnel, or attorney who is assigned to your incident by your Insurance Company.**

NORTH AMERICAN HORSEMEN'S ASSOCIATION (NAHA)
HORSEMEN OF NORTH AMERICA SAFETY CONTROL PURCHASING GROUP
Ark Agency Animal Insurance Services
310 Washburne Ave., PO Box 223
Paynesville, MN 56362
Ph: 800-328-8894 or 320-243-7250
Fax: 320-243-7224
E-mail: insurance@arkagency.com

FIRST REPORT
INCIDENT / ACCIDENT / CLAIM

This form should be completed by liability insurance policy holder or manager of insured operations.
Please answer all questions as completely as possible to the best of your ability or knowledge.

INSURED INFORMATION

1. Name _____
2. Address _____

3. Contact Persons _____
4. Phone Number _____ E-mail _____ Fax _____
5. Liability Policy Number (In force at time of Incident) _____
6. Insurance Company Name (In force at time of Incident) _____
7. Policy Effective Date _____ Policy Expiration Date _____

INCIDENT INFORMATION

1. At the present time I am reporting this as an (check one): INCIDENT ONLY INCIDENT AND CLAIM
2. Date of Incident _____ Time _____ AM PM
3. Name of individual (**subject**) who was affected, injured, or a possible claimant _____
4. Address _____

5. Home Phone Number _____ Work Phone Number _____
6. Age, if known, or under 21: _____ If unknown, estimate the age: _____ MALE FEMALE
7. Any notable medical history: YES NO If yes, list _____

8. Was subject allergic to medication? YES NO If yes, what medications _____
9. Was the incident directly or indirectly related to horses or other equine? YES NO
10. Location of incident (Address and specific location on premises) _____

11. Incident took place at: Your location or place of business that is insured under the policy number stated above
 Your place of business that is insured by another insurance company
 In or around your dwelling
 Off Premises - Explain _____

16. Was appreciable Property Damage incurred by the affected subject? YES NO
If yes, explain type of damage (such as, Auto Damage, Eyeglasses, Clothing, etc): _____

17. Was appreciable bodily injury incurred by the affected subject? YES NO

18. Bodily Injury Type - Check type of injury(s) that apply:

- No appreciable injury observed
- Fracture
- Soft Tissue: Skin Bruise, Scrape, Cut
- Sprain
- Loss of Consciousness
- Concussion
- Rupture
- Dislocation
- Other _____

19. Bodily injury location (Check all that apply to your knowledge. When checking "Right" or "Left", check for the side that would apply if you were in the injured party's position facing front as they would be facing front):

ARMS

- Upper Arm: Right Left
- Lower Arm: Right Left
- Finger: Right Left
- Wrist: Right Left
- Hand: Right Left
- Other _____

HEAD AND NECK

- Neck: Right Left Front Back
- Upper Head (Above eye level): Right Left Front Back
- Face: Right Left Nose Lips Teeth
- Ear: Right Left
- Eye: Right Left Lid Eyeball Brow
- Other _____

TRUNK

- Collarbone: Right Left
- Chest: Right Left
- Stomach /Abdomen: Right Left Upper Lower
- Shoulder: Right Left
- Upper Back: Right Left
- Mid or Lower Back: Right Left
- Buttocks Right Left
- Hip Right Left
- Groin or Pubic Area
- Other _____

LEGS, ANKLES, FEET

- Leg: Right Left Knee Thigh Calf
- Ankle: Right Left
- Foot: Right Left

OTHER BODY LOCATION: _____

20. Was subject offered medical assistance? YES NO Type Offered: _____
By Whom? _____

Medical assistance offer was: ACCEPTED REFUSED

21. Was subject transported to a medical facility? YES NO By Whom? Ambulance Other _____

22. Time Dispatched _____ AM PM Time Arrived _____ AM PM

23. Name of Medical Facility: _____
Attending Physician _____
Address _____
Phone No(s). _____

24. Condition of party just after incident occurred _____

25. Did you or another staff member follow up after the incident to check the condition of the subject? YES NO If yes, explain and describe condition of subject at that time.

26. List of Staff Members who witnessed incident:

27. List of Staff Members who were present or assisted with incident, but did not see it occur:

28. List names and addresses of all guests, visitors, and customers who witnessed or had knowledge concerning the incident:

Names	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ACCIDENTS INVOLVING RIDING OF, DRIVING OF, OR DIRECT CONTACT WITH HORSES
(If applicable, also complete this section.)

1. Incident / Accident occurred while subject was: Riding a horse
 Passenger on horse drawn vehicle
 Driving a horse and vehicle
 On Ground
 Other _____

2. A. Name of horse(s) involved in incident _____
B. Age of horse(s) _____

3. Horse ownership at time of incident: Owned by you Leased to you Owned (or leased) by another party

4. If horse owner is not the insured, provide full address and phone number of owner(s) _____

5. If horse was used in your business operations, have you taken the horse out of public use? YES NO

6. What action of the horse caused the accident, incident or injury (Check that which applies):

- | | |
|--|---|
| <input type="checkbox"/> Horse did nothing to cause accident | <input type="checkbox"/> Reared and came back down on front feet |
| <input type="checkbox"/> Stumbled, but did not fall | <input type="checkbox"/> Reared and fell sideways or backwards |
| <input type="checkbox"/> Stumbled and fell on its front legs only | <input type="checkbox"/> Bit with teeth |
| <input type="checkbox"/> Stumbled and fell on side | <input type="checkbox"/> Ran over or into subject |
| <input type="checkbox"/> Shied or Spooked | <input type="checkbox"/> Stopped Abruptly |
| <input type="checkbox"/> Shook its body | <input type="checkbox"/> Changed gait without warning |
| <input type="checkbox"/> Jumped in place or side-stepped | <input type="checkbox"/> Changed gait with notice of leader or guide |
| <input type="checkbox"/> Ran forward or sideways less than 50 feet | <input type="checkbox"/> Threw or tossed head |
| <input type="checkbox"/> Ran forward or sideways more than 50 feet | <input type="checkbox"/> Stepped on subject |
| <input type="checkbox"/> Bucked | <input type="checkbox"/> Equipment caught and horse pulled |
| <input type="checkbox"/> Kicked | <input type="checkbox"/> Equipment failed and horse was uncontrollable |
| <input type="checkbox"/> Laid Down | <input type="checkbox"/> Rubbed against object such as tree, fence post, etc. |
| <input type="checkbox"/> Fell down | <input type="checkbox"/> Backed up |
| <input type="checkbox"/> Switched Tail | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Stopped and Stretched | |

7. If horse became frightened, what was the cause? _____

8. If subject was riding and came off horse, did they: Jump Off Fall Off

9. Did subject contribute by any action or inaction to causing the incident? YES NO If yes, explain below:

10. Was subject (rider) wearing an ASTM Equestrian Helmet at time of incident? YES NO

SIGNATURE SECTION

DATE REPORTED _____

REPORTED BY _____
Print or Type Name

SIGNATURE _____
Person Reporting Incident

REPORTED TO _____

PROVIDE AND ATTACH COPIES OF STAFF WITNESS REPORTS AND ALL SIGNED RELEASE AGREEMENTS THAT APPLY.

