

## THERAPEUTIC RIDING AND EQUINE ASSISTED THERAPY QUESTIONNAIRE

NAMED INSURED: \_\_\_\_\_

NAME OF THERAPEUTIC RIDING OPERATION(S): \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

EXPERIENCE and OPERATIONS:		Y OR N
Owner/Operator of Equine Therapeutic Riding and Equine Assisted Therapy Operations have greater than 3 years experience? If "N" please explain below.		
Is this part of any school curriculum, recreational center, or in conjunction with a city or county program? If "Y" please explain below.		
Type of Therapeutic Riding & Equine Assisted Therapy is offered:	Explain:	
Therapeutic Riding		
Hippo-Therapy		
Driving		
Vaulting		
Psychotherapy - EAP, EAL, EAT		
Other		
Does the Named Insured(s) hold any of the following Accreditation/Certifications/Licenses?		Y OR N
PATH		
EAGALA		
OTHER (Please explain below)		
If "N" Accreditation/Certifications/Licenses - how many years' experience has the Named Insured(s) managed or provided therapeutic riding? Please provide details below:		

EXPERIENCE AND OPERATIONS

**THERAPEUTIC RIDING AND EQUINE ASSISTED THERAPY QUESTIONNAIRE - continued**

<b>OPERATIONS</b>	<b>OPERATIONS continued:</b>			
	Describe how are horses evaluated for suitability for use in the program?			
	<b>Please indicate if any of the following Activities are offered</b>		<b>Explain</b>	
	Clinics			
	Exhibitions			
	Demonstrations			
	Camps			
	Fundraisers			
	Other Activities for Non-Students			
	Other			
	Please indicate if any of the following apply to participants or clients:			
	Adjudicated, Troubled, or at risk youth?		Boys / Girls Homes	
	Corporate/Team Building or Retreats		Clubs providing Therapies	
	Vaulting		Pulling	
Swimming		Overnight Exposures		
What is the minimum age group accepted for the program?				
Do you use side walkers? Y or N				
If "Y", what is the ratio of Staff to Participants?	# of Staff	# of Participants		

NAMED INSURED: \_\_\_\_\_

**THERAPEUTIC RIDING AND EQUINE ASSISTED THERAPY QUESTIONNAIRE - continued**

OPERATIONS	<b>OPERATIONS continued:</b>				
	Do you attend off-premises shows or demonstrations with participants? Y or N Please describe below:				
	Signed Release/Hold Harmless/etc. form(s) do you require for Riders, Volunteers or Employees? Select all that apply and provide samples.				
	Medical Release and/or Intake forms		Hold Harmless/Release of Liability Agreement		
	Volunteer Waiver/Release of Liability		Professional Liability Insurance held by the Therapist		
	Employee/Volunteer Handbook, Rules, Guidelines and Safety Training		Written Emergency Procedures		
	Other - please describe:				
	Do you hold and maintain Adult and Child CPR and basic First Aid Certification? Y or N Please describe below:				
List all Personnel including Instructors, Employees, Trainees, Volunteers and Therapists to date (update annually):					
Name	Experience Level	# of Years Employed by Insured	Certified? If so, by whom?	Duties	Background Check Completed? Y or N

**THERAPEUTIC RIDING AND EQUINE ASSISTED THERAPY QUESTIONNAIRE - continued**

<b>OPERATIONS</b>	<b>OPERATIONS continued:</b>
	<b>Describe the Training Program for the Volunteers/Trainees:</b>
<b>ADDITIONAL INFORMATION / REMARKS</b>	
<b>This is NOT a Binder. An incomplete or unsigned questionnaire is not acceptable. REMEMBER - EXPOSURES NOT DECLARED ARE NOT COVERED.</b>	

**DECLARATIONS AND FRAUD WARNING STATEMENT**

Please read the fraud warning statement applicable to applicable to your state. If your state is not shown, refer to the **GENERAL FRAUD WARNING STATEMENT**.

**GENERAL FRAUD WARNING STATEMENT:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and/or civil penalties.

**ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, RHODE ISLAND and WEST VIRGINIA:** Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FLORIDA:** Any Person who knowingly and with intent to inure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impluse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for commercial or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**KENTUCKY and PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**MARYLAND:** Any person who knowingly or willingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**DECLARATIONS AND FRAUD WARNING STATEMENT - continued**

Please read the fraud warning statement applicable to applicable to your state. If your state is not shown, refer to the **GENERAL FRAUD WARNING STATEMENT**.

**GENERAL FRAUD WARNING STATEMENT:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and/or civil penalties.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application of files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**TENNESSEE, VIRGINIA and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.

**The undersigned declares that he/she/they has reviewed this application and any attachments and declares the information provided is true, correct and complete to the best of his/her/their knowledge.**

\_\_\_\_\_  
**Signature of Applicant(s)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agent Signature**

\_\_\_\_\_  
**Date**