## AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA HANDICAPPED OR THERAPEUTIC RIDING PROGRAM SUPPLEMENTAL QUESTIONNAIRE

(Submit with a completed Commercial Equine Liability application. This is not a binder. An incomplete or unsigned questionnaire is not acceptable).

	YOUR OPERATION								
1.	Which of the following do you offer?  Therapeutic Riding Hippo-therapy Psychotherapy  Vaulting Other (explain)	☐ Driving							
2.	Provide a brief overview of the operation.								
3.	Is there any activity taking place in the ring/arena at the same time as the therapeutic activities?	□Yes □ No							
4.	Is this part of any school curriculum, recreational center, or in conjunction with a city or county program?  If so, describe								
5.	Is the program accredited? By whom? How many years accredited?	□Yes □ No							
6.	Have you ever contributed to a claim or accident or found negligent in any past equine activity? If yes, explain *Submit 3-year hard copy loss runs. Provide an explanation if loss history is not avail								
7.	Describe in general the disabilities of the riders/participants.								
8.	What is the minimum age group accepted for the program?								
9.	Do you use side walkers?  If so, what is the ratio of staff to participants?  Staff Participants	∐Yes □ No							
10.	What is the number of participants at one time?								
11.	Do you have written emergency procedures? ☐Yes ☐ No								
12.	Describe the training program for the volunteers/trainees.								
13.	Do you provide transportation for participants? ☐ Yes ☐ No If so, describe								

14. Do you use your ☐own vehicle or ☐employee vehicle?

15. 4	. Do you attend If so, describe	off premises sl	nows or de	emonstrati	ons with participan	ts?	YesNo		
16.	. Do you hold ☐Clinics ☐Exhibitions ☐Demonstrations ☐Camps ☐Fundraisers ☐ Other Activities for non-students ☐None								
	If so, describe		<u> </u>						
17.	Are you a not-		□Yes □ No						
18.	Do you have a	ı web site? ☐	]Yes 🗌	No Wh	at is the address?				
					(PERIENCE				
19.		experience in th				0 th inte	s to data (undate		
20.	<ol> <li>List all personnel including instructors, employees, trainees, volunteers &amp; therapists to date (update annually) (Continue on blank paper if needed)</li> </ol>								
<u> </u>				# Years			Background		
		Ex	perience	Employe by	Certified? If so,		Check		
	Name		Level	Insured	by whom	Duties	Completed Y/N		
	Has any instr violence or cr	uctor, employe iminal convictio	e, trainee, on?	volunteer	or therapist had ar	ny history of	∐Yes		
21	. List all horse Name	s used in the p	rogram (ul Bred/	odated an	EXPERIENCE nually) Years in Program	Previous Expe	erience or Training		

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22.	22. Has any horse ever shown aggressive behavior or caused or contributed to bodily injury or property damage?   [Yes ] No If yes, explain									
23.	Describe the criteria used in selecting horses for the program									
24.	Describe the equipment or props used in the program									
25.	Are there any horses used in the program that are:   non-owned  leased  rented  lf so, describe									
RELEASES/WAIVERS/PROFESSIONAL LIABILITY Submit the following if applicable to your operation										
□ Sample copy of Medical Release forms being used for riders. □ Sample copy of hold harmless/release of liability agreement being used by riders and/or facility if different than your operation. □ Sample copy of volunteer waiver/release of liability. □ Copy of Professional Liability Insurance held by the therapist. □ Copy of the employee/volunteer handbook, rules, guidelines & safety training.										
a los surve	s control survey or inspection	ı may be required/ı ation, you agree to	equested. If the company	art of this questionnaire. In addition pany requires that a loss controly representative access to your	on,					
Pleas	se provide the name of the pa	arty to contact for t	his inspection/survey.							
Nam	е	Dayt	ime Phone Number	Relationship to the Applicant						
Appli	cant's Name	Applicant's S	Signature	Date						
Agency Name		Agent Signa	ture (if required)	Date						