

INSURANCE CARRIER: STARNET INSURANCE COMPANY

U-W Office: 3655 North Point Parkway, Suite 625, Alpharetta, GA 30005

EQUINE LIABILITY

THERAPEUTIC RIDING PROGRAM SUPPLEMENT FORM

1. What are the annual gross receipts (including donations from lessons) for Therapeutic Riding? \$ _____
 Do any of your lessons include vaulting? Yes No
 Do any of your lessons include Hippotherapy? Yes No
 Are sidewalkers utilized for all Therapeutic Riding lessons? Yes No
 If no, please explain safety measures used to secure riders: _____

2. What are the total number of students taking lessons each week? _____
 How many lessons are given to each student per week? _____
 How many weeks per year are lessons given? _____
 Are any of your lessons given as non-profit? Yes No
 If yes, how many lessons per week are non-profit? _____

3. For each instructor list their name, number of years experience as a Therapeutic riding instructor and any certification obtained:

<u>NAME OF INSTRUCTOR</u>	<u>NUMBER OF YEARS EXPERIENCE AS THERAPEUTIC RIDING INST.</u>	<u>CERTIFICATION OBTAINED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. What is the maximum number of school horses available for Therapeutic Riding? _____
 What is the maximum number of school horses used at one time for Therapeutic Riding? _____

5. Do you attend off premises shows or clinics with any of your students? Yes No
 If yes, how many per year? _____

6. Do you hold clinics or shows for volunteers, instructors, or students? Yes No
 If yes, how many days per year? _____
 If yes, what are the maximum number participants for each day? _____
 If yes, what is the average attendance for each day? _____
 If yes, what are the annual receipts from these clinics or shows? _____
 List any locations you use other than one(s) listed as a location on the Equine Liability Application: _____

7. Do you operate a day camp or overnight camp for the Handicapped or Therapeutic riding students? Yes No
 If yes, what are the annual gross receipts? \$ _____
(If answered yes, a camp supplement form must be completed and submitted prior to quoting)

PLEASE PROVIDE A WRITTEN NARRATIVE OF YOUR THERAPEUTIC RIDING PROGRAM AND INCLUDE ANY INFORMATION ON FUNDRAISERS, ACTIVITIES, OR PUBLIC EVENTS NOT MENTIONED ABOVE _____
