



Equisure, Inc.
13790 E Rice Pl Ste 100
Aurora, CO 80015
303-614-6961
800-752-2472

**THERAPEUTIC RIDING/INSTRUCTION OR EQUINE ASSISTED
PSYCHOTHERAPY QUESTIONNAIRE
FORM C**

Complete and Return ONLY IF you answered YES to question #7 on the application.

1) Describe in detail the therapeutic riding/instruction done by you or under your direction:

2) Which Therapeutic Riding/Instruction Association are you affiliated/accredited with?

____NARHA ____EPONA ____EAGALA

3) Does your therapeutic riding/instruction involve work with: ____Physical Handicapped Individuals
____Emotionally/Psychologically Troubled Individuals

4) What types of physical handicaps? _____

5) What type of emotional/psychological problems? _____

6) Are you a licensed/certified mental health care professional or licensed clinical professional?
__Y__N If yes, are you insured under a professional liability policy covering this work?
__Y__N If yes, who is the carrier for your professional liability?

7) Do your work under the direct supervision of a certified/licensed clinical or mental health professional while conducting your "equine" activities? ____Y ____N

8) Who is the prior carrier for your "equine" related activities? _____

9) Did this carrier offer renewal of your policy? __Y__N. If no, why was the policy not renewed? _____

10) Are you aware of any incidents that may lead to a claim or any claims that have been made against you regarding your Therapeutic Riding/Instruction operations? __Y__N. If yes, please give full details on all incidents/claims: _____

11) Do you use a waiver/release for your operations? ____Y ____N. If yes, has a copy been forwarded to Equisure, Inc. for review? ____Y ____N.

12) Who owns the horses that are being used in your operations? _____

13) Have these horses been specifically trained for this type of activity? ____Y ____N.

14) Is proper safety equipment required for use by all participants? ____Y ____N.

15) How many years of experience do you have in providing Therapeutic Riding/Instruction activities? _____

16) Do you work for a mental health or emotional/psychological counseling center?
____Y ____N. If yes, the name of the facility: _____

17) Do you have any assistants/volunteers that help you in this activity? ____Y ____N.
If yes, please provide names and addresses of all assistants: _____
