

**The following questions apply to your Therapeutic, EAL or EAP activities only.**

1. How many years of experience do you have in Therapeutic, EAP or EAL activities? \_\_\_\_\_
2. Which Therapeutic Riding/Instruction Association are you affiliated/accredited with?  
 NARHA       EPONA       EAGALA       Other
3. What is the number of participants per session/at any one time for your Therapeutic, EAP or EAL activities? \_\_\_\_\_
4. Are there any forms your customers complete specific to these riding or training activities?  Yes  No If yes, please attach a sample copy.
5. Is there any activity taking place in the ring/arena at the same time as these above activities?  Yes  No  
If yes, please detail: \_\_\_\_\_
6. Is this part of any school curriculum, recreational center, or in conjunction with a city or county program?  Yes  No  
If yes, please detail: \_\_\_\_\_
7. Do you work for a mental health or emotional/psychological counseling center?  Yes  No.  
If yes, provide the name of the facility: \_\_\_\_\_
8. Are you a licensed/certified mental health care professional or licensed clinical professional?  Yes  No  
If yes, are you insured under a professional liability policy covering this work?  Yes  No  
Carrier Name \_\_\_\_\_
9. Do you work under the direct supervision of a certified/licensed clinical or mental health professional while conducting your "equine" activities?  Yes  No  
If yes, please provide the name of the professional you work with? \_\_\_\_\_
10. Describe your clientele:
  - a. Do you work with emotionally troubled individuals or those with a chemical dependency?  Yes  No  
If yes, describe: \_\_\_\_\_
  - b. Do you work with individuals with physical or emotional handicaps?  Yes  No  
If yes, describe: \_\_\_\_\_
  - c. Do you work with businesses to promote team building or problem solving?  Yes  No  
If yes, describe: \_\_\_\_\_
  - d. Do you work with couples or individuals for couples, individual or family therapy?  Yes  No  
If yes, describe: \_\_\_\_\_
11. Do your activities involve any mounted work, or is it strictly un-mounted activities (groundwork only)?  
 Mounted Work       Un-mounted/Groundwork Only       Mounted & Un-mounted Work
12. Is proper safety equipment required for use by all participants?  Yes  No
13. Do you use volunteers to help with the above activities?  Yes  No  
If yes, how many on average per month? \_\_\_\_\_
14. Describe the training program for the volunteers/trainees. \_\_\_\_\_
  - a. Do your volunteers receive any remuneration for their services to you?  Yes  No  
If yes, describe: \_\_\_\_\_
  - b. Are your volunteers supervised by you at all times?  Yes  No  
If no, describe: \_\_\_\_\_
  - c. Please describe the duties of your volunteers: \_\_\_\_\_
15. Has any instructor, employee, trainee, volunteer or therapist had any history of violence or criminal conviction?  Yes  No
16. Who owns the horses that are being used in your operations? \_\_\_\_\_
17. Have these horses been specifically trained for this type of activity?  Yes  No
18. Do you have written emergency procedures?  Yes  No  
If yes, please describe: \_\_\_\_\_
19. Do you provide transportation for participants?  Yes  No  
If yes, please describe: \_\_\_\_\_  
Do you use your own vehicle or employee vehicle? \_\_\_\_\_
20. Do you attend premises shows or demonstrations with participants?  Yes  No  
If yes, please describe: \_\_\_\_\_
21. If you did not have a policy with us last year, please list your prior carrier for your equine related activities:  
Carrier Name: \_\_\_\_\_  
Did this carrier offer renewal of your policy?  Yes  No  
If no, why was the policy not renewed? \_\_\_\_\_

EAAT Supplemental Questions continued:

1. Tell us about your program by providing a percentage of your operation for each activity, it must total 100%

**A. Equine Facilitated Therapy including Psychotherapy and Hippotherapy.....%**

*(Equine Assisted/Facilitated Psychotherapy, PT, OT, SLP)*

Mark the activities with an "x" that apply for this Service:

Mounted Riding  Driving  Vaulting  Ground

**B. Equine Facilitated Learning.....%**

Mark the activities with an "x" that apply for this Service:

Mounted Riding  Driving  Vaulting  Ground

**C. Therapeutic Services Including Developing Equestrian Skills .....%**

Mark the activities with an "x" that apply for this Service:

Mounted Riding  Driving  Vaulting  Ground

**D. Other therapeutic : Give details.....%**

Mark the activities with an "x" that apply for this Service:

Mounted Riding  Driving  Vaulting  Ground

Percentage from above must total = **100%**

2. A. Provide the total annual income (before expenses) for the exposures listed in #1 A, B, C and D above (EAAT only)

\_\$ \_\_\_\_\_

B. Provide the total income (before expenses) for all equestrian exposures other than EAAT

\_\$ \_\_\_\_\_

3. Please attach any brochures, literature or note a website so we may learn more about your program(s) \_\_\_\_\_

4. Do you use paid assistants/staff to help with any of your equestrian activities? Y / N  
If yes, please provide names and duties below: *(attach separate document if needed)*

Name

Duty

_____	_____
_____	_____
_____	_____

B. Are your assistants supervised by the applicant at all times? Yes No

If no, describe: \_\_\_\_\_