



EQUINE ASSISTED ACTIVITIES THERAPY SUPPLEMENT

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
If yes, carriers 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:
 - 10.a. Do you work with emotionally troubled individuals or those with a chemical dependency? YES NO
If yes, describe: _____
 - 10.b. Do you work with individuals with physical or emotional handicaps? YES NO
If yes, describe: _____
 - 10.c. Do you work with businesses to promote team building or problem solving? YES NO
If yes, describe: _____
 - 10.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. _____
 - 14.a. Do your volunteers receive any remuneration for their services to you? YES NO
If yes, describe: _____
 - 14.b. Are your volunteers supervised by you at all times? YES NO
If no, describe: _____
 - 14.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? _____



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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? _____
22. 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%**

23. **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

\$ _____

24. **Please attach any brochures, literature or note a website so we may learn more about your program(s)** _____

25. **Do you use assistants/staff to help with any of your equestrian activities?** YES NO

If yes, please provide names and duties below: *(attach separate document if needed)*

Name

Duty

26. **Are your assistants supervised by the applicant at all times?** YES NO

If no, describe: _____



EQUINE ASSISTED ACTIVITIES THERAPY SUPPLEMENT FRAUD WARNING NOTICES

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

NOTICE TO ARKANSAS APPLICANTS: 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 fines and confinement in prison. **NOTICE TO COLORADO APPLICANTS:** 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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 fines and confinement in prison. **NOTICE TO MAINE APPLICANTS:** 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.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

NOTICE TO NEW MEXICO APPLICANTS: 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. The insurer shall not offer an optional extension period for this policy in New Mexico.

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

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: 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 may be guilty of insurance fraud which may subject such person to criminal and civil penalties, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prisons.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or any 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 also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

THE UNDERSIGNED IS AUTHORIZED BY THE INSURED AND DECLARES THAT THE STATEMENTS SET FORTH HEREIN AND ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE TRUE. SIGNING OF THIS APPLICATION DOES NOT BIND THE INSURED OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION, ANY SUPPLEMENTAL APPLICATIONS, AND THE MATERIALS SUBMITTED HEREWITH ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY. THE APPLICATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER AND SHALL BE DEEMED ATTACHED TO AND BECOME PART OF THE POLICY IF ISSUED. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THIS APPLICATION AS IT DEEMS NECESSARY. PROVIDED, HOWEVER, THIS PARAGRAPH DOES NOT APPLY IN THE STATES OF UTAH AND WISCONSIN.

NOTE TO UTAH AND WISCONSIN RESIDENTS: ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE MADE A PART HEREOF PROVIDED THIS APPLICATION AND SUCH MATERIALS ARE ATTACHED TO THE POLICY AT THE TIME OF ITS DELIVERY.

THE INSURED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE INSURED WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.



Authorized Signature

Date

Print Name