

Therapeutic Riding Supplemental Application

Applicant: _____
Quote #: _____

Broker: _____ Number: _____
Requested Effective Date: _____

All Therapeutic Rides must utilize Safety Helmets to be eligible for coverage consideration.
All Therapeutic Rides must be given in an enclosed area to be eligible for coverage consideration. Rope or Wire enclosures are not permitted.

Do you operate your Therapeutic Riding operations under another name? Yes No
If yes, please provide: _____

Do you offer Therapeutic Riding in cooperation with other organizations? Yes No
If yes, please provide name of organization and explain: _____

Years experience providing Therapeutic Riding: _____
Please describe any certifications/accreditations/licenses your operation has pertaining to Therapeutic Riding: _____

Please indicate types of activities you provide along with the percentage of your operation they represent:

<input type="checkbox"/> Recreational Riding for Individuals with Disabilities _____ %	<input type="checkbox"/> Therapeutic Driving _____ %	<input type="checkbox"/> Competitions for Riders with Disabilities _____ %
<input type="checkbox"/> Therapeutic Vaulting _____ %	<input type="checkbox"/> Hippotherapy _____ %	<input type="checkbox"/> Equine Assisted Therapy _____ %
<input type="checkbox"/> Equine Facilitated Therapy _____ %	<input type="checkbox"/> Equine Assisted Psychotherapy _____ %	
<input type="checkbox"/> Other (Please explain and provide percentage): _____		

Total Therapeutic Rides given annually: _____	Average number of weekly Therapeutic Rides: _____
Maximum number of horses used at one time: _____	Total number of Instructors at one time: _____
Total number of Volunteers at one time: _____	Total number of Volunteers per each rider: _____

Do you offer Therapeutic Rides year-round? Yes No
If no, please provide dates of operation: _____

Does your operation have outside Therapists/Instructors present during Therapeutic Rides? Yes No
If yes, please explain their certifications and activities: _____

Please indicate the types of disabilities individuals have which your operation provides Therapeutic Rides to:

<input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Autism	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Brain Injuries
<input type="checkbox"/> Spinal Cord Injuries	<input type="checkbox"/> Cardiovascular accident	<input type="checkbox"/> Stroke	<input type="checkbox"/> Amputations	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Deafness	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Emotional Disabilities
<input type="checkbox"/> Attention Deficit Disorder							
<input type="checkbox"/> Other (Please explain): _____							

Do you have medical permission forms on record for all riders? Yes No

Are Safety Helmets mandatory? Yes No
Other safety procedures (explain): _____

Do you ever fasten (tie) riders to any part of the saddle or horse? Yes No
If yes, please explain: _____

Are all Therapeutic Rides conducted in an enclosed area? Yes No
Please describe enclosure and fencing: _____

Please describe any Non-Equestrian activities associated with your Therapeutic Riding activities: _____

Please list any fundraising, promotional activities, or other events open to the public:
Public event date(s): _____ Description of event: _____ Location of event: _____
Description of event activities: _____

REMEMBER: EXPOSURES NOT DECLARED ARE NOT COVERED.

Average charge per Therapeutic Ride (if any): \$ _____ Annual Gross Revenue from Therapeutic Riding: \$ _____

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GENERAL FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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 committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Alabama - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Arkansas, District of Columbia, Louisiana, Rhode Island, West Virginia - 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.

Colorado- 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas - An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky - 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.

Maine - 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 denial of insurance benefits.

Maryland - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey, New Mexico - 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.

New York - 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - 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.

Oklahoma - WARNING: 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.

Oregon - Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Pennsylvania - 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.

Tennessee, Virginia, Washington - 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.

DECLARATION

DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ ALL OF ITS CONTENTS AND THE APPLICABLE FRAUD WARNING(S):

Your intentional failure to disclose any material information that could reasonably result in a claim may result in the insurance policy/coverage that you are applying for being subject to cancellation. If any of the material information in this application has been intentionally falsely stated by you or if material information has intentionally not been disclosed by you which may influence the Company's underwriting decision, any insurance policy/coverage issued to you by the Company may be subject to cancellation. The fraud or misrepresentation must be made with the intent to deceive.

I/We, the undersigned, confirm to the best of my/our knowledge and belief that the above statements are true, complete and correct, and that I/we have disclosed all material information. I/We acknowledge that this application is not a binder of insurance coverage or an insurance policy. I/We acknowledge my/our completion of this application does not obligate me/us to purchase an insurance policy/coverage from the Company. I/we further acknowledge that the information provided by me/us in this application will be the primary basis for the underwriting of any insurance policy/coverage that may be issued by the Company to me/us. I/We also acknowledge that my/our operation may be subject to inspection by the Company or its authorized representative.

This application will become a part of and be incorporated into any insurance policy/coverage that may be issued by the Company to me/us.

Applicant Signature _____ Date: _____

Broker Name: _____ Date: _____

Broker Signature: (NH only) _____ Date: _____

License Number: _____ States: _____