

# 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:

Muscular Dystrophy    Cerebral Palsy    Down Syndrome    Mental Retardation    Autism    Multiple Sclerosis    Spina Bifida    Brain Injuries  
 Spinal Cord Injuries    Cardiovascular accident    Stroke    Amputations    Visual Impairment    Deafness    Learning Disabilities    Emotional Disabilities  
 Attention Deficit Disorder    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, Oregon, 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.

**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.

**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 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 void and/or subject to rescission. If any of the information in this application has been falsely stated by you or if material information has 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 void and/or subject to rescission.*

*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: \_\_\_\_\_