
Therapeutic Equine Program Insurance Information Worksheet
MUST BE SUBMITTED WITH APPLICATION

Section A. Please mark either Yes or No:

Yes No

- 1.) To the best of your knowledge does any program participant (including volunteers) have any history of committing physical violence? (If Yes, please explain)
- 2.) To the best of your knowledge does any program participant (including volunteers) Have any history of criminal conviction? (If Yes, please explain)
- 3.) Are all participants accompanied by a certified instructor during each session?
- 4.) Have any animals caused aggressive or violent bodily injury?

Section B. Please Note: We can not provide a quote if this section is not completely filled out

- 1.) Is instruction provided by: You Independent Instructor
- 2.) Are you a certified instructor? _____
- 3.) What is the ratio of instructors to students? _____
- 4.) What is the maximum number of horses available for instruction/therapy? _____
Maximum number used at any one time: _____
- 5.) Gross Annual Receipts: _\$ _____
- 6.) What percentage of your EAGALA Activities are: on Horseback? _____%
Ground Work? _____%
- 7.) What percentage of Equine Therapy strictly follows the EAGALA model? _____%
- 7A.) Please describe in detail what therapy you provide that is outside the EAGALA model:
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Section C. Check List

Please submit the following:

- _____ Blank Copy of the Hold Harmless/Liability Release Form
- _____ Blank Copy of Medical Release Form
- _____ Proof of Professional Liability

Therapeutic Questionnaire Continued:

Section D.

Please provide a list of all horses used including:

Horse's Name	Breed	Age	# of Years in Program

Please provide a list of all activities in the program. Include Equine and Non-Equine activities.

Activity	# of Weekly Participants	Injury History	# of Years Experience in this activity

Applicant Signature

Date

Applicant Printed Name

Co-Applicant Signature

Date

CO-Applicant Printed Name