



## THE EQUESTRIAN GROUP

A division of Allen Financial Insurance Group

### SUPPLEMENTAL EQUINE THERAPEUTIC QUESTIONNAIRE

Which Equine Therapeutic Association are you affiliated/accredited with?

NARHA  EPONA  EAGALA  OK Corral

1. Does your equine related therapy involve work with:

Physically Handicapped Individuals?  Yes  No

What types of physical handicaps? \_\_\_\_\_

Emotionally / Psychologically Troubled Individuals?  Yes  No With history of violence?  Yes  No

What type of emotional and/or psychological problems? \_\_\_\_\_

2. 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, who is the carrier for your professional liability? \_\_\_\_\_

3. Do your work under the direct supervision of a certified/licensed clinical or mental health professional while conducting your "equine" activities?  Yes  No

4. Who is the prior carrier for your "equine" related activities? \_\_\_\_\_

5. Did this carrier offer renewal of your policy?  Yes  No

If no, why was the policy not renewed?

6. Are you aware of any incidents that may lead to a claim or any claims that have been made against you regarding your therapeutic equine operations?  Yes  No

If yes, please give full details on all incidents/claims: \_\_\_\_\_

7. Do you use a waiver/release for your operations?  Yes  No

If yes, has a copy been forwarded to The Equestrian Group for review?  Yes  No

8. Who owns the horses that are being used in your operations? \_\_\_\_\_

9. Have these horses been specifically trained for this type of activity?  Yes  No

10. Is proper safety equipment required for use by all participants?  Yes  No

11. How many years of experience do you have in providing equine therapeutic activities? \_\_\_\_\_

12. Do you work for a mental health or emotional/psychological counseling center?  Yes  No

If yes, the name of the facility: \_\_\_\_\_

13. Do you have any assistants/volunteers that help you in this activity?  Yes  No

If yes, please provide names and addresses of all assistants