Blue Bridle Insurance Agency, Inc.
P.O. Box 27
Pittstown, NJ 08867

Therapeutic Program Questionnaire

Named Insured: _____ Policy #: _____
Location Address: _____

Submit with a completed Commercial Equine Liability application. This is not a binder. An incomplete or unsigned questionnaire is not acceptable.

YOUR OPERATION

1. Which of the following do you offer?
   ☐ Therapeutic Riding ☐ Hippo-therapy ☐ Driving ☐ Vaulting
   ☐ Psychotherapy: EAP, EAL, EAT Explain:
   ☐ Other If other, please explain:

2. Provide a brief description of the operation. _____

3. Are there any lessons, sessions or any other similar types of activities taking place in the ring/arena at the same time as the therapeutic activities? Yes ☐ No ☐
   If yes, please explain: _____

4. Is this part of any school curriculum, recreational center, or in conjunction with a city or county program?
   Yes ☐ No ☐
   If so, describe: _____

   Is additional insured required? Yes ☐ No ☐ Certificate only? Yes ☐ No ☐

5. Is the program accredited? (Example: Path, Eagala) Yes ☐ No ☐
   By whom? _____
   How many years accredited? _____

***Please attach certification**

6. Have you ever contributed to a claim or accident or found negligent in any past equine activity?
   Yes ☐ No ☐
   If yes, explain: _____

***Submit 3-year hard copy loss runs. Provide an explanation if loss history is not available.**

7. Describe in general the disabilities of the riders/participants. _____

_____

Are any participants / clients:

- ☐ Adjudicated, troubled or at risk youth
- ☐ Boys/Girls homes
- ☐ Corporate, team building or retreats
- ☐ Overnight exposures
- ☐ Nursing home/care facility visits
- ☐ Vaulting
- ☐ Pulling
- ☐ Clubs providing therapies
- ☐ Any risk that ties the client to the horse
- ☐ Swimming

8. What is the minimum age group accepted for the program? _____

9. Do you use side walkers? Yes ☐ No ☐
   If so, what is the ratio of staff to participants?
   Staff _____ Participants _____

10. Number of participants at one time: _____
    Number of horses at one time: _____

11. Do you have written emergency procedures? Yes ☐ No ☐

12. Describe the training program for the volunteers/trainees. _____

13. Do you provide transportation for participants? Yes ☐ No ☐
    If so, describe: _____

    Do you use your ☐ own vehicle or ☐ employee vehicle?

14. Do you attend off premises shows or demonstrations with participants? Yes ☐ No ☐
    If so, describe:

15. Do you hold:
    ☐ Clinics ☐ Exhibitions ☐ Demonstrations ☐ Camps ☐ Fundraisers
    ☐ Other Activities for non-students ☐ None
    If so, describe: _____

16. Do you have a web site or Facebook page? Yes ☐ No ☐
    What is the address? _____

17. What is your experience in these operations?

18. List all personnel including instructors, employees, trainees, volunteers & therapists to date (update annually)

Name	Experience Level	# Years Employed by Insured	Certified? If so, by whom	Duties	Background Check Completed Y/N

(Continue on blank paper if needed)

19. Has any instructor, employee, trainee, volunteer, or therapist had any history of violence or criminal conviction? Yes ☐ No ☐

HORSE EXPERIENCE

20. List all horses used in the program (updated annually)

Name	Bred/Age	Years in Program	Previous Experience or Training

21. Has any horse ever shown aggressive behavior or caused or contributed to bodily injury or property damage? Yes ☐ No ☐
If yes, explain: _____

22. Describe the criteria used in selecting horses for the program: _____

23. Describe the equipment or props used in the program: _____

24. Are there any horses used in the program that are: ☐ non-owned ☐ leased ☐ rented
If so, describe: _____
If leased, is there a written lease agreement signed? Yes ☐ No ☐

RELEASES/WAIVERS/PROFESSIONAL LIABILITY

Submit the following if applicable to your operation

- ☐ Sample copy of Medical Release and/or Intake forms being used for riders
- ☐ Sample copy of hold harmless/release of liability agreement
- ☐ Sample copy of volunteer waiver/release of liability
- ☐ Copy of Professional Liability Insurance held by the therapist
- ☐ Copy of the employee/volunteer handbook, rules, guidelines & safety training
- ☐ Copy of written emergency procedures

The company reserves the right to decline coverage for omission of any part of this questionnaire. In addition, a loss control survey or inspection may be required/requested. If the company requires that a loss control survey be conducted of your operation, you agree to provide the company representative access to your operation and documents required to complete this survey.

Please provide the name of the party to contact for this inspection/survey.

Insured signature: _____ Date: _____

Agent's signature: _____ Date: _____