Therapeutic Riding Supplemental Application   # **Argonaut Insurance Company**

Applicant:_____   Broker:_____ Number:_____

Quote #:_____   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:

☐ Recreational Riding for Individuals with Disabilities_____%   ☐ Therapeutic Driving_____%   ☐ Competitions for Riders with Disabilities_____%
☐ Therapeutic Vaulting_____%   ☐ Hippotherapy_____%   ☐ Equine Assisted Therapy_____%
☐ Equine Facilitated Therapy_____%   ☐ Equine Assisted Psychotherapy_____%
☐ 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:* $_____

This space intentionally left blank

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 or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas - 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 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 commits a fraudulent insurance act.

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.

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):

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

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.

> **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.

Applicant Signature _____   Date: _____

Broker Name: _____   Date: _____

Broker Signature: _____   Date: _____
(Required in NH)

License Number: _____