



**MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE
SUPPLEMENTAL APPLICATION FOR THERAPY ANIMALS**

1. Name of Applicant: _____

2. Provide the following detail regarding the therapy animal(s) used as part of the Applicant's practice:

Type of Animal Used	Certified Therapy Animal?	Owned by Applicant?	Owned by a Third Party?
<input type="checkbox"/> Cats	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Dogs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Horses	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Farm Animals:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Chickens	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Cows	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Goats	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Pigs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Sheep	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Other (Describe: _____)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: If the therapy animals are owned by a Third Party, the Applicant must ensure that the owner carries liability insurance.

3. Does the Applicant obtain written consent from all clients prior to utilizing a therapy animal? Yes No

4. If horses are utilized, are clients required to wear a proper helmet at all times? Yes No

5. What percentage of the Applicant's clients are (total must be 100%):

(a) Adults (over 18): _____ %

(b) Youth (12-18): _____ %

(c) Children (under 12): _____ %

This Supplemental Application is attached to and forms part of the Miscellaneous Professional Liability Insurance Application. It is subject to the same provisions concerning representations made as in the basic Application.

Signature of Applicant	Date
------------------------	------