

**BENEVOLENT CLUB / ASSOCIATION
MOUNTED PATROL SERVICES (MPS) QUESTIONNAIRE**

If a club or association provides mounted patrol unit services, this form must be completed,
and permission to insure it must be pre-approved by insurance company underwriters.

~ ANSWER ALL QUESTIONS ~

NAME OF CLUB / ORGANIZATION _____ **STATE** _____

1. How long has your organization been providing Mounted Patrol Services (MPS)? _____
2. Do any of your patrol services require you to provide law enforcement services, and / or require your MPS unit members to carry firearms, and / or create the potential for your unit to use intentional force or apprehension of wrongdoers? **YES** **NO** (If YES, explain fully) _____
3. Are any of your MPS activities insured for liability under any other policy, such as through the event sponsor, or through a local or regional sheriff's or police department. **YES** **NO** (If YES, explain fully) _____
4. Do your patrol services include providing medical treatment or care to people? **YES** **NO** (If YES, explain fully) _____
5. Describe your safety and procedures programs: (Check YES or NO to those that apply to your organization's MPS activities)
YES **NO** Provide regular safety and procedure training for all MPS members. If YES, how often _____
By Whom _____
YES **NO** Have a safety and procedures manual. (If Yes, provide copy of manual.) _____
6. Does each member carry his or her own personal liability policy and does your organization secure proof of such insurance for each member at least once each year? **YES** **NO**
7. Events for which your organization will provide Mounted Patrol Services (MPS) in next 12 months (There is room for 3 events on this application. If you have more, you will need to complete a second form):

A. Event Name _____

Location _____

Full name of event sponsor _____

Describe event _____

Maximum daily attendance _____

Number of days you will provide Mounted Patrol Services (MPS) for this event _____

Is your MPS unit under written contract with the sponsor? **YES** **NO** (If YES, provide copy of contract.)

Check "YES" or "NO" to denote whether the following activities are part of your Mounted Patrol Services (MPS) at this event:

YES **NO** Direct Traffic _____

YES **NO** Direct Car Parking If YES, Number of Cars Per Day _____

YES **NO** Good Will Representative / Ambassador _____

YES **NO** Crowd Control (If YES, explain fully) _____

YES **NO** Apprehending and / or controlling "Wrongdoers" (If YES, explain fully) _____

YES **NO** Security Services (If YES, explain fully) _____

YES **NO** Other – Explain fully _____

YES **NO** Non-mounted services - If YES, explain fully _____

Is either your club / association or its individual members paid or otherwise compensated for MPS at this event? **YES** **NO**

If YES, how or how much \$ _____ Who keeps the payment? Club / Association Individual Members

Size of MPS unit for this event? (Number of people and horses) _____

Are alcoholic beverages served or sold to spectators or participants at this event? **YES** **NO**

Additional Comments Concerning This Event:

B. Event Name _____

Location _____

Full name of event sponsor _____

Describe event _____

Maximum daily attendance _____

Number of days you will provide Mounted Patrol Services (MPS) for this event _____

Is your MPS unit under written contract with the sponsor? **YES NO** (If YES, provide copy of contract.)

Check "YES" or "NO" to denote whether the following activities are part of your Mounted Patrol Services (MPS) at this event:

YES NO Direct Traffic**YES NO** Direct Car Parking If YES, Number of Cars Per Day _____**YES NO** Good Will Representative / Ambassador**YES NO** Crowd Control (If YES, explain fully) _____**YES NO** Apprehending and / or controlling "Wrongdoers" (If YES, explain fully) _____**YES NO** Security Services (If YES, explain fully) _____**YES NO** Other – Explain fully _____**YES NO** Non-mounted services - If YES, explain fully _____Is either your club / association or its individual members paid or otherwise compensated for MPS at this event? **YES NO**

If YES, how or how much \$ _____ Who keeps the payment? Club / Association Individual Members

Size of MPS unit for this event? (Number of people and horses) _____

Are alcoholic beverages served or sold to spectators or participants at this event? **YES NO****Additional Comments Concerning This Event:****C. Event Name** _____

Location _____

Full name of event sponsor _____

Describe event _____

Maximum daily attendance _____

Number of days you will provide Mounted Patrol Services (MPS) for this event _____

Is your MPS unit under written contract with the sponsor? **YES NO** (If YES, provide copy of contract.)

Check "YES" or "NO" to denote whether the following activities are part of your Mounted Patrol Services (MPS) at this event:

YES NO Direct Traffic**YES NO** Direct Car Parking If YES, Number of Cars Per Day _____**YES NO** Good Will Representative / Ambassador**YES NO** Crowd Control (If YES, explain fully) _____**YES NO** Apprehending and / or controlling "Wrongdoers" (If YES, explain fully) _____**YES NO** Security Services (If YES, explain fully) _____**YES NO** Other – Explain fully _____**YES NO** Non-mounted services - If YES, explain fully _____Is either your club / association or its individual members paid or otherwise compensated for MPS at this event? **YES NO**

If YES, how or how much \$ _____ Who keeps the payment? Club / Association Individual Members

Size of MPS unit for this event? (Number of people and horses) _____

Are alcoholic beverages served or sold to spectators or participants at this event? **YES NO****Additional Comments Concerning This Event:**_____
Signature_____
Title_____
Date