

PLEASE PROVIDE YOUR CONSENT BY CHECKING APPLICABLE BOXES.

PRIVACY POLICY- The NSEF recognizes the privacy of individuals with respect to their personal information and is committed to ensuring the privacy of its members. The NSEF does not offer our mailing lists to any outside organizations. Information will be forwarded to the appropriate organization for optional programs i.e. optional insurance, magazine publishers or club memberships.

Yes <input type="checkbox"/>	NSEF CODE OF Ethics and Conduct	By making application to the NSEF, I agree to abide by all Policies, Rules and Regulations, and the Code of Conduct of the Nova Scotia Equestrian Federation. Click here to read NSEF Code of Ethics and Conduct.
Yes No <input type="checkbox"/> <input type="checkbox"/>	ELECTRONIC COMMUNICATION CONSENT	I give my expressed consent to NSEF to send me communications using my email addresses on file. If you do not consent, the NSEF may send you notice of Annual/Special General Meetings and membership renewals or information regarding your membership by email.
Yes No <input type="checkbox"/> <input type="checkbox"/>	PARENT/ GUARDIAN CONSENT	If one or more applicant(s) named in this application are under the age of 19 I DECLARE I am the parent or legal guardian for said minor applicant(s) and I hereby give my consent for the named minor applicant(s) to become a member of the NSEF.
Yes No <input type="checkbox"/> <input type="checkbox"/>	MEDIA CONSENT	I give my expressed consent for the NSEF to use photos/media of myself/my family for promotional content, including, but not limited to, social media, weekly e-news, and the NSEF Annual Newsletter.
Yes No <input type="checkbox"/> <input type="checkbox"/>	VOLUNTEER	Please contact me regarding volunteer opportunities with the NSEF. (You are giving permission for NSEF/NSEF Volunteer to contact you.)

On behalf of the Applicant(s), I, the undersigned, hereby declare the information provided in this application to be true and accurate and is endorsed by the Applicant. Falsifying information could possibly nullify insurance coverage.

PRINT NAME OF APPLICANT or PARENT/LEGAL GUARDIAN if under 19	SIGNATURE REQUIRED APPLICANT or Parent/Legal Guardian if under 19
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My reason for joining the NSEF (check all that apply)	Member 1	Member 2	Member 3	Member 4	Member 5
Program Participation/Enrollment (i.e. Learn to Ride/Drive)					
Competitive Athlete					
Para-Equestrian Athlete					
Coach/Trainer					
Official					
Requirement for EC Sport License					
Requirement of my Boarding Barn					
Requirement of my Coach					
Insurance Coverage					
Other: (please specify)					

PRIMARY DISCIPLINE (please specify)

HORSE OWNERSHIP INFORMATION # of Horses: _____ Breed: _____ Own Lease Board Elsewhere Own Stable/Farm

OPTIONAL DECLARATIONS – providing this information is voluntary and will be used to direct opportunities (program or funding) to identified members. These statistics are also required as part of our government funding reporting (numbers only) requirements.

Check any that apply:

	Member 1	Member 2	Member 3	Member 4	Member 5
Indigenous Descent					
Impairment Declaration – Physical, Hearing, Visual, Intellectual					
Citizenship – I am a Newcomer to Canada in the last three years					

INTEREST AREA(S) (check all that apply)	Member 1	Member 2	Member 3	Member 4	Member 5
Breed Sport					
Therapeutic Riding					
Endurance/Competitive Trail					
Trail Riding					
Driving/Pleasure Driving					
Dressage					
Eventing					
Hack & Equitation	<input type="checkbox"/> Hack <input type="checkbox"/> Equitation	<input type="checkbox"/> Hack <input type="checkbox"/> Equitation	<input type="checkbox"/> Hack <input type="checkbox"/> Equitation	<input type="checkbox"/> Hack <input type="checkbox"/> Equitation	<input type="checkbox"/> Hack <input type="checkbox"/> Equitation
Hunt Club/Field Hunting					
Hunter/Jumper	<input type="checkbox"/> Hunter <input type="checkbox"/> Jumper	<input type="checkbox"/> Hunter <input type="checkbox"/> Jumper	<input type="checkbox"/> Hunter <input type="checkbox"/> Jumper	<input type="checkbox"/> Hunter <input type="checkbox"/> Jumper	<input type="checkbox"/> Hunter <input type="checkbox"/> Jumper
Pleasure Classes	<input type="checkbox"/> English <input type="checkbox"/> Western	<input type="checkbox"/> English <input type="checkbox"/> Western	<input type="checkbox"/> English <input type="checkbox"/> Western	<input type="checkbox"/> English <input type="checkbox"/> Western	<input type="checkbox"/> English <input type="checkbox"/> Western
Rider Levels	<input type="checkbox"/> English <input type="checkbox"/> Western	<input type="checkbox"/> English <input type="checkbox"/> Western	<input type="checkbox"/> English <input type="checkbox"/> Western	<input type="checkbox"/> English <input type="checkbox"/> Western	<input type="checkbox"/> English <input type="checkbox"/> Western
General Performance (Horsemanship, Trail, Pleasure)					
Reining					
Speed events (Barrels & Poles)					
Team Penning & Cutting					

INDUSTRY PARTICIPATION (check all that apply)

Breeder Breed: _____ Trainer Farrier Veterinarian Provide Lessons Own/Operate Boarding Facility Other: Please Specify _____

2021 CLUB MEMBERSHIP RATES (subject to change)

NSEF processes memberships on behalf of clubs. Please enter the appropriate fee as outlined below, in the "Optional Club Membership" section under Payment Details on Page 1.

Cape Breton Western Riders (CBWR)	Before May 1 st : Individual Membership \$15.00	Before May 1 st : Family Membership \$30.00	After May 1 st : Individual Membership \$20.00	After May 1 st : Family Membership \$35.00
Central Nova Horse & Pony (CNHP)	Individual Membership: \$30.00	Family Membership: \$50.00		
Horse Trials Nova Scotia (HTNS)	Senior Individual \$25.00	Junior Individual \$20.00	Family Membership \$45.00	Associate Individual \$10.00
Nova Scotia Hunter Jumper Association (NSHJ)	2020-2021 Membership \$15.00 (No family rate available – Multiply family members by \$15)			

INSURANCE PRODUCT DESCRIPTIONS

The Descriptions of coverage have been prepared for information purposes only. The insuring agreements, general terms, conditions and exclusions of the actual policy will govern specific application of the various coverages referred to herein. In all cases the actual policy documents will supersede these descriptions. Please be advised a nominal administrative fee is collected by the NSEF for all optional insurance purchased.

The insurance coverage included and / or available as an option with your Nova Scotia Equestrian Federation (NSEF) Membership is provided to you by CapriCMW. The NSEF is not licensed to sell or provide counsel on the insurance coverage. Please contact CapriCMW directly for any questions regarding coverage, limitations or exclusions at 1-888-394-3330 (Equine Department). Please view the Summary of Insurance at the following link on our website: <http://www.horsenovascotia.ca/Memberships-Insurance>

AUTOMATIC INSURANCE PRODUCT DESCRIPTIONS

\$5,000,000 Personal Liability Insurance (\$1000 Property Damage Deductible)

Protects you, the member, if you are sued by a third party because a horse that you own or lease, ride or handle non-commercially, causes property damage or bodily injury to a third party. **Liability coverage is for non-commercial equine related activities. Some limitations and exclusions apply. Coverage is in force 24 hours a day, seven days a week, and covers the member (Canadian resident) anywhere in the world. (Exclusions apply for members who are non-Canadian residents).

\$30,000 Accidental Death & Dismemberment Coverage

Covering you, the member, should you suffer a catastrophic injury, dismemberment or death arising from equine related activities. (Under the age of 90 and only available to Canadian Residents)

OPTIONAL INSURANCE PRODUCT DESCRIPTIONS (2021 ONLY)

NSEF Optional Accidental Death & Dismemberment INCLUDES Fracture and Dental Benefits (ADD)

\$50,000 - Enhanced Accident, Death and Dismemberment for injuries sustained by you, the member related to horses, including coverage when you are en route to and from an equine activity in a vehicle. This policy will pay regardless of any other insurance that may be in force at the time of the incident. *Enhanced AD&D is restricted to members who have not reached the age of 75 years

NSEF Members Named Perils

\$10,000 – Horse Mortality (Named Perils). Horse(s) you own are covered for death arising from Fire, lightning, transportation, earthquake or flood, attack by dogs or wild animals. Limit of \$10,000 any one loss and any one term. Includes compensation for government ordered destruction of horse. This policy must be purchased by the owner of the horse(s).

NSEF Emergency Life Saving Surgery (add on to Members Named Perils)

\$2,500 Emergency Life Saving Surgery – This policy covers Emergency Life Saving Surgery *necessitated* by accident or sickness, including colic surgery and fracture surgery, to a maximum limit of \$2,500.00 for expenses incurred (\$250 deductible). PLEASE NOTE: This is NOT a life insurance policy; NO DEATH BENEFIT is payable under this policy. This policy is restricted to one claim per year and must be purchased by the member who is the owner of horse(s). Members Named Perils 2021 must be purchased in order to purchase this product.

NSEF Members Tack

\$10,000 – Tack and Equipment - Insurers tack and equipment from loss or damage anywhere in Continental US/Canada. Tack and horse equipment you own, excluding rider clothing and protective equipment is insured against loss or damage from "all risks". Limit of coverage is \$10,000 for any one loss, total limit per term. Losses subject to deductible of \$500.00

Travel (out of Province/Country) Coverage - Member Only

This insurance provides up to \$10,000,000 out of province and country coverage for Medical treatments and/or Hospitalization. A quote for your coverage policy may be obtained and purchased online at <https://shop.tugo.com/store/INT001> The policy does not have an age restriction and can accommodate trips of any duration and frequency. You can now purchase a single trip policy or an annual policy to cover multiple trips at your discretion. All members must have a current NSEF membership. [Frequently Asked Questions about Travel Coverage](#) are available through the NSEF.

Weekly Accident Indemnity (WAI)

Provides **income replacement** in the event you are unable to work due to an accident. Coverage is in force 24 hours a day/ 7 days a week and includes (but is not limited to), injuries arising from an equine related incident. There is a 7 day waiting period. The policy will provide **up to \$500.00/week** in income replacement for **up to 26 weeks** (some restrictions apply). **The combined benefit from this policy and all other benefits available to you (WCB/WSIB/PPP/ Employer Group Programs, etc.) cannot exceed 75% of reported gross income to Canadian Revenue Agency in the most recent taxation year.** To qualify for this special program and be eligible for benefits, you must meet the following minimum requirements:

- | | |
|---|--|
| 1) Be a resident of Canada. | 4) Be under the age of 70 years old; and |
| 2) Be a member in good standing of your provincial equine association; | 5) Filed an income tax return to Canada Revenue Agency in the most |
| 3) Be employed full time (minimum of 25 hours a week with a single employer); | recent year. |

THIS FORM MUST BE COMPLETED ONLY IF PURCHASING THE OPTIONAL WEEKLY ACCIDENT INDEMNITY INSURANCE PRODUCT (See membership application for cost of this optional insurance).



WEEKLY ACCIDENT INDEMNITY APPLICATION

This exclusive insurance policy provides **income replacement** in the event you are unable to work due to an accident. Coverage is in force 24 hours a day/ 7 days a week and includes (but is not limited to), injuries arising from an equine related incident. The policy will provide **up to \$500.00 / week** in income replacement for **up to 26 weeks** (some restrictions apply). To qualify for this special program and be eligible for benefits, you must meet the following minimum requirements:

- 6) Be a resident of Canada.
- 7) Be a member in good standing of your provincial equine association;
- 8) Be employed full time (minimum of 25 hours a week with a single employer);
- 9) Be under the age of 70 years old; and
- 10) Filed an income tax return to Canada Revenue Agency in the most recent year.

The combined benefit from this policy and all other benefits available to you (WCB/WSIB/CPP/ Employer Group Programs, etc.) cannot exceed 75% of reported gross income to Canadian Revenue Agency in the most recent taxation year.

Questions regarding coverage should be directed to CapriCMW Insurance Equine Department at 1-888-394-3330

YOUR INFORMATION			
NAME:		DATE OF BIRTH:	YYYY MM DD
ADDRESS:		PHONE: (H)	(C)
EMPLOYMENT INFORMATION			
YOUR OCCUPATION:		AVERAGE NO. OF HOURS WORKED PER WEEK:	
EMPLOYER NAME:		EMPLOYER PHONE:	
FULL TIME with a single employer is required (Minimum 25 hrs per week)		<input type="checkbox"/> Yes <input type="checkbox"/> No (if No, coverage is ineligible)	
Did you file an Income Tax Return with Canada Revenue Agency last year?		<input type="checkbox"/> Yes <input type="checkbox"/> No (if No, coverage is ineligible)	
Are you enrolled with WCB / WSIB / Employer Disability Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever made a claim for income replacement benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING BELOW

I understand and agree:

- 1) The insurance coverage being applied for PLUS ANY OTHER BENEFITS I may be eligible to receive if I cannot work - **FROM ALL SOURCES** - will not and cannot exceed 75% of weekly income as reported to Canadian Revenue Agency (CRA) in the last personal income reporting year.
- 2) I understand that there is a waiting period of 7 days before I am eligible to receive any benefits from this policy.
- 3) This policy will pay benefits to a maximum of \$500 / week for a maximum of 26 weeks.
- 4) In the event of a claim, I will be required to sign and remit various documents to prove my loss before any payment is made, including but not limited to a copy of my previous tax return and a consent form to allow the insurer to collect, use and disclose personal information related to my claim.
- 5) I am a member in good standing of my home Provincial Equine Association on the date of this application.

SIGNED: _____ DATED: _____