



2023 NSEF Membership Application

Available beginning January 1st, 2023. Membership expires December 31st, 2023

APPLICATIONS CANNOT BE PROCESSED WITHOUT MANDATORY SIGNATURES ON PAGE 2 Page 1

Office Use Only	
Date Received:	
Payment Type:	
Payment Amount:	

PRIMARY Member Name: First		Middle or Initial	Last
Date of Birth(required):		Gender:	
Address:		Primary Phone # : <small>Please specify contact name if different from above</small>	
City/Town:		Secondary Phone # : <small>Please specify contact name, if different from above</small>	
Province:	Postal Code:	Fax:	
County (e.g. HRM, Hants, Richmond):		Email:	
NEW Members - Did Someone Refer You to the NSEF? This member may be eligible for a referral credit. To apply the credit, please provide the referring member's full name: _____ NSEF# _____			
Family Members List only those who wish to become NSEF members. Description of a family membership can be found below.			
Member's Name	Date of Birth	Relation to primary member	Gender
2)			
3)			
4)			
5)			
For additional "Family Members", please use a blank piece of paper.			
PAYMENT Details - NSEF Membership (including liability insurance program & EC registered participant)			
<input type="checkbox"/> Individual Membership		\$57.00	
<input type="checkbox"/> Family Membership Available to spouses and/or their junior-aged children born in 2005 or later. If the child/sibling is born in 2004 or before an individual membership is required by submitting a separate application. Spouses may include those who are co-habiting, but not married by law; legal guardian(s) of a junior aged member.			
First two Family Members -		\$89.00	
Additional Junior-aged Members		x \$27.00	
2023 OPTIONAL INSURANCE PROGRAM			
<small>Descriptions available on page 3. Unless otherwise indicated, the purchased optional insurance will be applied to the primary member.</small>			
<input type="checkbox"/> \$75,000 Optional Accidental Death & Dismemberment (ADD) with fracture & dental benefits		_____ x \$55.00	
<input type="checkbox"/> \$10,000 Members Named Perils		_____ x \$35.00	
<input type="checkbox"/> \$2,500 Emergency Medical Surgical (must purchase MNP to be eligible)		_____ x \$60.00	
<input type="checkbox"/> \$10,000 Members Tack and Equipment		_____ x \$60.00	
<input type="checkbox"/> Weekly Accident Indemnity (WAI) – form must be completed (contact NSEF)		_____ x \$200.00	
<input type="checkbox"/> Travel Coverage — out of province and country coverage options available via CapriCMW at 1-888-394-3330			
OPTIONAL PROGRAMS/MEMBERSHIPS			
<input type="checkbox"/> NSEF Ride & Drive Program A Reward program recognizing NSEF members for hours spent Riding/Driving a horse. You MUST be an NSEF member to participate. Just Ride/Drive for your reward! One-time fee per member. (Optional)		\$25.00	
<input type="checkbox"/> Horse and Pony Magazine Subscription through NSEF Affiliate Program (4 issues) (Optional)		\$13.00	
<input type="checkbox"/> Canadian Horse Journal Magazine Subscription through NSEF Affiliate Program (6 issues) (Optional)		\$24.15	
2023 Affiliate Club Memberships –See Page 2 for rates and details			
<input type="checkbox"/> Cape Breton Western Riders Assoc. (CBWRA)		CBWRA Show Package Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Central Nova Horse and Pony Assoc. (CNHP)		<input type="checkbox"/> Horse Trials Nova Scotia (HTNS) <input type="checkbox"/> NS Hunter Jumper Assoc. (NSHJ)	
CNHP MEMBER ONLY WAIVER –It is here recognized that all equestrian sports and activities involve inherent risk and that no helmet or protective equipment can protect against all foreseeable injuries. I hereby accept this risk and will not hold the Central Nova Horse and Pony Assoc. (CNHP), the competition, their officials, organizers, agents, employees, and their representatives responsible for any damage or injuries sustained to myself and/or my animal(s) while either attending a show or using the CNHP facilities.			
Signature Acknowledging Waiver (Guardian if under 19):		Date:	
			TOTAL:
PAYMENT TYPE: <input type="checkbox"/> -Visa <input type="checkbox"/> -MasterCard <input type="checkbox"/> -Cheque <input type="checkbox"/> -Money Order <input type="checkbox"/> -Cash (in office by appointment)			
VISA/MASTERCARD PAYMENT INFORMATION: Credit Card Admin Fee \$3.00 Total Credit Card Payment Enclosed: _____			
Credit Cardholder Name:		Signature:	
Credit Card #:	Expiry Date:	Verification Code (located on back of card):	

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 assist us with our government funding reporting (numbers only).**

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 _____

2023 AFFILIATE 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.

	Before May 1st: Individual Membership \$15.00	Before May 1st: Family Membership \$30.00	After May 1st: Individual Membership \$20.00	After May 1st: Family Membership \$35.00
Cape Breton Western Riders (CBWR)				
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	
Nova Scotia Hunter Jumper Association (NSHJ)	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).

NEW for 2023 \$40,000 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 (2023 ONLY)

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

NEW for 2023 \$75,000 - Enhanced Accident, Death and Dismemberment for injuries sustained by you, the member related to horses, 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 (Must be purchased with 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 2023 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

Covid-19 restrictions have impacted coverages available to you, our member. As a result, out of province/country travel insurance coverage at an NSEF member rate may be obtained by contacting our provider directly. Please call our partners, CapriCMW, at 1-888-394-3330 to discuss options available to you.

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: _____