



2023 Equestrian NS Membership Application

Available beginning January 1st, 2023. Membership expires December 31st, 2023
 2023 APPLICATIONS CANNOT BE PROCESSED WITHOUT MANDATORY SIGNATURES ON PAGE 2

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

PRIMARY Member Name: First		Middle	Last
Member's Date of Birth (required):		Gender Identity:	
Address:		Primary Phone # : <small>Please specify contact name if different than above</small>	
City/Town:		Secondary Phone # : <small>Please specify contact name if different than above</small>	
Province:	Postal Code:	Fax:	
County (e.g. HRM, Hants, Richmond):		Primary Email:	
		Secondary Email:	

NEW Members - Did Someone Refer You to us? This member may be eligible for a referral credit. To apply the credit, please provide the referring member's full name: _____ Equestrian NS# _____

Family Members List only those who wish to become Equestrian NS members. Description of a family membership can be found below.

Member's Name	Date of Birth	Relation to the person above	Gender Identity
2)			
3)			
4)			
5)			

For additional "Family Members", please use a blank piece of paper.

Equestrian NS 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 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 Members ____ x \$27.00	

OPTIONAL INSURANCE PROGRAM Descriptions available on page 3. Unless otherwise indicated, the purchased optional insurance will be applied to the primary member.

\$75,000 Optional Accidental Death & Dismemberment (ADD) with fracture & dental benefits	____ x \$55.00
\$10,000 Members Named Perils	____ x \$35.00
\$2,500 Emergency Medical Surgical (must purchase MNP to be eligible)	____ x \$60.00
\$5,000 Emergency Stabling Expense (must purchase MNP to be eligible)	____ x \$25.00
\$10,000 Members Tack and Equipment	____ x \$60.00
Weekly Accident Indemnity (WAI) – form must be completed (contact our office)	____ X \$200.00

Travel Coverage – out of province and country coverage options available **via Acera Insurance at 1-888-394-3330**

OPTIONAL PROGRAMS/MEMBERSHIPS

<input type="checkbox"/> Horse and Pony Magazine Subscription through our Affiliate Program (4 issues) <i>(Optional)</i>	\$13.00
<input type="checkbox"/> Canadian Horse Journal Magazine Subscription through Affiliate Program (6 issues) <i>(Optional)</i>	\$26.45

2023 Affiliate Club Memberships – See Page 2 for rates and details

Cape Breton Western Riders Assoc. (CBWR)	CBWRA Show Package	Yes	No
Central Nova Horse and Pony Assoc. (CNHP)	Horse Trials Nova Scotia (HTNS)	<input type="checkbox"/>	NS Jumper Association (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 (include cc admin fee, if applicable):

PAYMENT TYPE: -Visa -MasterCard -Cheque -Money Order -Cash *(in office only 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- We recognize the privacy of individuals with respect to their personal information and is committed to ensuring the privacy of its members. We do 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"/>	CODE OF Ethics and Conduct	By making application to Equestrian NS, I agree to abide by all Policies, Rules and Regulations, and the Code of Conduct of Equestrian NS. Our Code of Ethics and Conduct can be found on the governance page of our website.
Yes No <input type="checkbox"/> <input type="checkbox"/>	ELECTRONIC COMMUNICATION CONSENT	I give my expressed consent to Equestrian NS to send me communications using my email addresses on file If you do not we 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 Equestrian NS.
Yes No <input type="checkbox"/> <input type="checkbox"/>	MEDIA CONSENT	I give my expressed consent for Equestrian NS to use photos/media of myself/my family for promotional content, including, but limited to, social media, weekly e-news, and the Annual Equestrian NS Newsletter.
Yes No <input type="checkbox"/> <input type="checkbox"/>	VOLUNTEER	Please contact me regarding volunteer opportunities with Equestrian NS. (You are giving permission for Equestrian NS volunteers 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 Equestrian NS (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
General Performance					
Learn to Ride/Drive 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
Reining					
Speed events (Barrels & Poles)					
Team Penning & Cutting					
Assisted Equine Therapy					

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)

We process 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.

Club	Before May 1 st : Individual Membership	Before May 1 st : Family Membership	After May 1 st : Individual Membership	After May 1 st : Family Membership
Cape Breton Western Riders (CBWR)	\$15.00	\$30.00	\$20.00	\$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	
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 Equestrian NS for all optional insurances purchased.

The insurance coverage included and / or available as an option with your Equestrian Nova Scotia Membership is provided to you by Acera Insurance. Equestrian Nova Scotia is not licensed to sell or provide counsel on the insurance coverage. Please contact Acera Insurance 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.https://equestriannovascotia.ca/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)

Equestrian NS 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

Equestrian NS 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).

Equestrian NS 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.

NEW for 2023 Emergency Stabling Expense (Must be purchased with Members Named Perils)

\$5,000 Emergency Stabling Expense - Must purchase the Horse Mortality Members Named Perils product to be eligible to purchase this product. If fire, windstorm, collapse or disease makes that part of a building used for stabling the insured horse unusable or unsafe, this policy will insure the increased expense incurred to stable the insured horse at other premises for a maximum period of four months subject to a maximum limit of \$500 per month for any one insured horse and not more than \$5,000 in total, irrespective of the number of horses insured. In no event shall we pay more than the increased expense incurred by the member.

Equestrian NS 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 Equestrian NS 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 Acera 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: _____