



**New Brunswick Equestrian Association
Equestrian Canada
2025-2025 **EXTENDED** Membership
Application**



900 Hanwell Road, Suite 31, Fredericton, N.B., E3B 6A2 Tel:
(506) 454-2353 Fax: (506) 454-2363
YOU CAN NOW REGISTER ONLINE AT WWW.NBEA.CA

Household Information

| | | | |
|-------------|-------------|----------------------------------|-------|
| Address: | | Postal Code: | Zone: |
| Res. Phone: | Bus. Phone: | Cell Phone: | |
| Email: | | Email Parent/Guardian of Junior: | |

**Expect a 1 – 2 week turnaround time for processing and membership card.
Cards will be issued electronically where possible. Please print email addresses clearly.**

Individual Information

(Date of Birth (yy/mm/dd) is mandatory for Insurance Purposes.

Where the NBEA is provided with government funding, we are being asked to collect additional data on each and every member. This information will be used to measure regional trends within our province on our sport profile. Please note that our member names and personal information is not shared with any government departments or officials.

| | | |
|--|--------|---|
| #1 Name: | D.O.B. | <input type="checkbox"/> Senior <input type="checkbox"/> Junior |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Aboriginal <input type="checkbox"/> Athlete with Disability <input type="checkbox"/> English <input type="checkbox"/> French | | |
| #2 Name: | D.O.B. | <input type="checkbox"/> Senior <input type="checkbox"/> Junior |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Aboriginal <input type="checkbox"/> Athlete with Disability <input type="checkbox"/> English <input type="checkbox"/> French | | |
| #3 Name: | D.O.B. | <input type="checkbox"/> Senior <input type="checkbox"/> Junior |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Aboriginal <input type="checkbox"/> Athlete with Disability <input type="checkbox"/> English <input type="checkbox"/> French | | |
| #4 Name: | D.O.B. | <input type="checkbox"/> Senior <input type="checkbox"/> Junior |
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Aboriginal <input type="checkbox"/> Athlete with Disability <input type="checkbox"/> English <input type="checkbox"/> French | | |

Use separate sheet for further household members.

Pricing

| | | |
|---|--|-------------------------------|
| Individual Senior Membership | \$80.00 extended membership (\$20 + \$60 for 2025) | \$ _____ .00 |
| Individual Junior Membership <i>Age 17 or under as of January 1, 2025</i> | \$70.00 extended membership (\$20 + \$50 for 2025) | \$ _____ .00 |
| Family Membership Two permanent residents of the same household - one parent/guardian + one child or two adults in the same household | \$120 extended membership (\$20 + \$100 for 2025) | \$ _____ .00 |
| Each additional Family Member | \$15.00 each | \$15.00 x ____ = \$ _____ .00 |

PAGE 1 TOTAL: \$ _____ .00

Optional Programs and Services

Please see [NBEA Insurance Program Page](#) for details. *Limited to Canadian residents only.*

(Selected policies will be issued with a term from date of purchase to December 31, 2024. A second policy for the period of Jan 1- 2025 onward to the end of 2025 must be purchased separately. The premium will be charged in each of the two membership years)

| | | |
|---|---------------------------------------|------------------------------|
| Members Named Perils 2024 | \$25.00 per horse owner | _____ x \$25 = \$ _____ .00 |
| Members Named Perils 2025 | \$35.00 per horse owner | _____ x \$25 = \$ _____ .00 |
| Horse Owners: _____ | | |
| Number of horses owned _____ | | |
| Members Named Perils – Insurance covering the death of your own horse(s) as the result of fire, lightning or collision/overturn of a conveyance in which a horse is being transported. This insures up to \$10,000 and can be applied regardless of the number of horses owned. Losses are restricted to maximum, \$10,000 or one claim per year. | | |
| Added ADD Coverage 2024 | \$45.00 per member | _____ x \$45 = \$ _____ .00 |
| Added ADD Coverage 2025 | \$45.00 per member | _____ x \$45 = \$ _____ .00 |
| Name: _____ Name: _____ | | |
| Additional ADD Coverage – Supplement the \$40,000 basic ADD coverage you receive automatically with your membership buy purchasing an additional \$75,000. This Accidental Death & Dismemberment which also includes benefits for fractures and dental work will respond in addition to the basic coverage provided with your membership. | | |
| Tack Coverage 2024 | \$ 50.00 per member | _____ x \$50 = \$ _____ .00 |
| Tack Coverage 2025 | \$ 75.00 per member | _____ x \$50 = \$ _____ .00 |
| Name: _____ Name: _____ | | |
| Tack Insurance – Covers loss to members tack and horse equipment. Insurance limit under this option is \$10,000 (\$15, 000 in 2025). Per loss/per membership term and is subject to a deductible of \$500. Does not cover clothing or protective equipment worn by riders, wear & tear/abuse, mysterious disappearance or horse drawn vehicles. | | |
| Weekly Accident Indemnity 2024 | \$195 per member | _____ x \$195 = \$ _____ .00 |
| Weekly Accident Indemnity 2025 | \$195 per member | _____ x \$195 = \$ _____ .00 |
| The policy will provide up to \$500.00/week in income replacement for up to 26 weeks. (Some restrictions apply). There is a 7-day waiting period. This optional coverage automatically provides AD&D coverage. Application form at the end. | | |
| Emergency Life-Saving Surgery 2024 (must have MNP to be eligible) | \$50per member | _____ x 60 = _____ .00 |
| Emergency Life-Saving Surgery 2025 (must have MNP to be eligible) | \$55 per member | _____ x 60 = _____ .00 |
| \$2,500 Maximum any one horse; any one loss; any one term. \$250 deductible | | |
| Emergency Stabling Expenses 2024 (must have MNP to be eligible) | \$25 per member | _____ x 25 = _____ .00 |
| Emergency Stabling expenses 2025 (must have MNP to be eligible) | \$25 per member | _____ x 25 = _____ .00 |
| \$500 Per month Extra Expense for any one insured horse for maximum of four months. \$5,000 any one membership per calendar year irrespective of number of horses. \$500 deductible | | |
| Travel Insurance | | |
| Travel Medical* Provides \$10,000,000 out-of-province and country coverage for medical treatments and/or hospitalization. Several custom options available to suit the needs of every member. Members may purchase travel insurance directly from TuGo. To purchase coverage, please visit: https://shop.tugo.com/store/INT001 | | |
| NBEA Ride/Drive rewards program | | |
| One Lifetime registration fee per person | | _____ x \$20 = \$ _____ .00 |
| Horse & Pony Magazine | Discounted Subscription (4 issues) | _____ x \$12.50 = \$ _____ |
| Canadian Horse Journal | Discounted Subscription | _____ years = \$ _____ |
| 1 year/4 issues - \$26.45; 2 years/8 issues - \$40.25 | | |

PAGE 2 TOTAL: \$ _____.

Please help us grow your NBEA programs with a little more information:

| | | | | |
|---|------------------------------------|--------------------------------------|---|------------------------------------|
| How many horses do you own? | | | | |
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 – 4 | <input type="checkbox"/> 5 or more |
| Are you involved in any of the following disciplines? (Check all that apply.) | | | | |
| <input type="checkbox"/> hunter/jumper | <input type="checkbox"/> eventing | <input type="checkbox"/> dressage | <input type="checkbox"/> reining | <input type="checkbox"/> para |
| <input type="checkbox"/> competitive trail riding | <input type="checkbox"/> endurance | <input type="checkbox"/> vaulting | <input type="checkbox"/> driving | <input type="checkbox"/> gaming |
| <input type="checkbox"/> 4H | <input type="checkbox"/> Pony Club | <input type="checkbox"/> saddle seat | <input type="checkbox"/> cattle penning | |

Important Membership Information....

- **Equestrian Canada Membership** – A portion of your NBEA membership fee is submitted to the national governing body, Equestrian Canada, making you a non-competitive member of EC. Sport competition EC memberships are paid for separately and directly to EC. For more information visit www.equestrian.ca or www.nbea.ca.
 - **Privacy Policy** – The NBEA recognizes the privacy of individuals with respect to their personal information and is committed to ensuring the privacy of its members. The information that you provide to the NBEA such as name, address, email etc.. allows the NBEA to inform you about events and activities and to notify you of issues, events or special offers which may be of interest to you. By becoming a member or by requesting information or registering for events or courses offered by the NBEA, you are giving the NBEA permission to contact you by way of the information you provide.
 - **Important** – I hereby give permission for the NBEA to include my contact information in a list which may be used by a third party for the distribution of information judged by the NBEA to be useful to members. (Eg: electronic newsletter). The list will be handled in a controlled manner and will not be available for outside commercial purposes that are not affiliated with the NBEA.
- By making application to the New Brunswick Equestrian Association, you agree to abide by all policies, rules and regulations of the NBEA and Equine Canada.**

As a member in good standing, the following insurance benefits are INCLUDED in your membership:

1. \$5,000,000.00 Excess liability insurance related to the ownership and personal use of horses. Also covers non-commercial transport of someone else’s horse. Coverage is in force 24/7 anywhere in the world. This coverage will not respond to commercial use of the horse or commercial transportation of non owned horses.
2. \$40,000.00 Accident, Death & Dismemberment (AD&D) providing 24 hour, worldwide coverage for permanent injuries arising from equine related activities. This coverage is available for members up to 90 years old. (\$40,000 in 2024).

Questions regarding the various insurance products provided should be directed to Mike King at Acera Insurance. Call 905 841 8200 or email mking@capricmw.ca

| | |
|--|--------------|
| Total – Page 1 Membership | \$ _____ .00 |
| Total – Page 2 Optional Programs & Services | \$ _____ .00 |
| Total Enclosed | \$ _____ .00 |

Method of Payment

- Cheque Money Order Visa or Visa Debit MasterCard or MasterCard debit

| | | |
|------------------|---------------------|--|
| Card # | Expiry Date: | |
| Cardholder Name: | CSV# (back of card) | |
| Signature: | Date: | |

Cheques and money orders are to be made payable to the NBEA.

| | |
|--|--------------|
| Signature of <u>Member/Parent/Guardian</u>: | Date: |
| If member is a Junior the signature of parent or guardian is required. | |

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/PPP/ 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: _____