



27336 Fraser Highway, Aldergrove, BC V4S 3N5 Phone: 604-856-4304 Toll-Free: 1-800-345-8055 Email: membership@hcbc.ca

Name:	Birthdate: YYYY-MM-DD	HCBC Number:
Gender: F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary <input type="checkbox"/> No reply <input type="checkbox"/>	Address:	
City:	Prov:	Postal Code:
Phone:	Email address:	

Name	Birthdate: YYYY-MM-DD	Gender: F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary <input type="checkbox"/> No Reply <input type="checkbox"/>
Name	Birthdate: YYYY-MM-DD	Gender: F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary <input type="checkbox"/> No Reply <input type="checkbox"/>
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Name	Birthdate: YYYY-MM-DD	Gender: F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary <input type="checkbox"/> No Reply <input type="checkbox"/>

MANDATORY - SIGNATURE IS REQUIRED!

TERMS AND CONDITIONS

Horse Council BC membership is non-refundable. There is no pro-rating or top-up to the Family rate. This membership expires December 31 of each year. Horse council BC may use the contact information collected for the purpose of providing me with information related to my membership. Email consent is required to access your online account and reset your password. Newsletters and special promotions can be opted out of at any time through the unsubscribe button or by contacting the office. Our privacy policy can be found at the HCBC website>about>governance>strategic planning>policies and procedures manual.

HCBC MEMBERS CODE OF CONDUCT

By joining Horse Council BC I agree to be bound by the HCBC members Code of Conduct. Find the full Code of Conduct on www.hcbc.ca.

By virtue of purchasing an HCBC membership, you verify that all information on the form is true. Falsifying information could possibly result in insurance coverage being declared null and void.

Printed Name	Date:	Signature
Printed Name	Date:	Signature
Printed Name	Date:	Signature
Printed Name	Date:	Signature

CONSENT BY PARENT OR GUARDIAN FOR APPLICANTS UNDER 19 YEARS OF AGE

I acknowledge I am the parent or guardian for the minor or minors (persons under the age of 19) named on this application. I give my consent for the named applicant to join Horse Council BC. I declare all information to be true.

Parent/Guardian Name: _____

Please Print: _____ Date: _____

Signature: _____

HORSEPLAY PROGRAM AND APP CONSENT BY PARENT OR GUARDIAN FOR APPLICANTS UNDER 19 YEARS OF AGE

We are excited to announce our NEW Horseplay program and app! This program replaces our former Ride and Drive program. IT allows HCBC members and non-members to record your horse activity hours while members are also entered into draws to win prizes. Participation in the program is free. If one or more applicants are under 19 years of age and over 12 years of age, I acknowledge I am the parent or guardian for the minor or minors (persons under 19 years of age) named on this renewal/application, I give my consent for the named minor or minors to use the Horseplay app, and I declare all information given to be true. I acknowledge and accept the Horseplay Terms of Service and the Privacy Policy on behalf of the minor.

Parent/Guardian: _____ Date: _____

Signature: _____

2024

Horse Council BC Membership Application



27336 Fraser Highway, Aldergrove, BC V4S 3N5 Phone: 604-856-4304 Toll-Free: 1-800-345-8055 Email: membership@hcbc.ca

Included with your membership: \$5,000,000 Excess personal liability, \$40,000 accidental death & dismemberment (AD&D) insurance (**excludes fracture and dental**), hauling of non-owned horses liability insurance up to \$10,000 per horse/\$50,000 per accident. Basic membership also includes Enhanced Personal liability insurance which provides for the NON-COMMERCIAL not-for-profit care, custody & control of up to 3 non-owned horses in any environment, e.g.: emergency housing situation, neighbourly housing of horses for a period of time not to exceed 3 months.

Please note this membership is **NOT** your Equestrian Canada Sports License. The Sports License must be purchased separately through Equestrian Canada at www.equestrian.ca.

The insurance coverage included with your Horse Council BC membership is provided to you by Acera Insurance Services Ltd. Horse Council BC 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 1-800-670-1877 and ask for the Equine Department.

Membership Prices

2024 Adult Membership – 19 years and Over Fee: 67.00 + GST	\$70.35 per Adult	\$
2024 Youth Membership – 18 years and Under Fee 49.00 + GST	\$51.45 per Youth	\$
2024 Family Membership – a minimum of 3 people, defined as parents or legal guardians and their minor children residing at the same address. Maximum of 2 Adults per Family. Fee: 158.00 = GST	\$165.90 per Family	\$
NEW 2024 Membership Card (S) 1 card fee for all Fee: \$5.00 + GST/PST	\$5.60	\$

Magazine Subscriptions

Magazine *Special prices with membership renewal! Includes shipping direct to your home* Tax included in prices*

By purchasing magazine subscriptions, you are providing consent for your information to be gathered and shared with the magazine in order to issue your subscription.

Canadian Horse Journal - 6 Bi-Monthly issues <i>Includes free digital copies</i>	\$24.15	\$
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Donations

Animal Disaster Fund	\$
BC Equestrian Trail Fund	\$

Magazine Subscriptions

Equine Companion All taxes and shipping included.	\$12.00	\$
HCBC Buffs All taxes and shipping included.	\$13.00	\$
Pony Tails Colouring Books – Horse Crazy Kids of all ages can learn all about horses and ponies with this fun filled colouring and activity book written by Alice the Pony. All taxes and shipping included.	\$17.80	\$
Christmas Cards – 1 box has 10 cards All proceeds go to the Animal Disaster fund	\$18.00 per box	\$



2024 Optional Insurances

<p>ADDITIONAL ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)</p> <p>Provides an additional \$75,000 Principal Sum AD&D and includes a fracture benefit of \$7,500/\$2,500 (helmet/no helmet) and dental benefit of \$5,000. This option excludes claims for Loss of Income. This policy will provide increased limits to the coverage provided automatically in your annual membership. This coverage is available only for members under the 75 years.</p> <p>Members purchasing: _____</p>	<p>\$45.00 per person</p>	<p>\$</p>
<p>MEMBERS NAMED PERILS (MNP)</p> <p>Covers the death of an owned horse from fire, lightning, collision/overturn of the conveyance in which a horse was being transported. It also extends to windstorm/hail, earthquake or flood, attack by dog or wild animal, collapse of building and more. This insures up to a maximum of \$10,000 for any one horse, any one loss.</p> <p>Members purchasing: _____</p>	<p>\$25.00 per person</p>	<p>\$</p>
<p>EMERGENCY STABLING COVERAGE (ESE) MUST BE PURCHASED WITH MNP</p> <p>Provides coverage for increased expense incurred to stable the insured horse(s) at other premises due to the perils of fire, windstorm, collapse or disease which makes the usable stabling temporarily unsafe or unusable</p> <p>Members purchasing: _____</p>	<p>\$25.00 per person</p>	<p>\$</p>
<p>EMERGENCY LIFE SAVING SURGERY (ELSS) MUST BE PURCHASED WITH MNP</p> <p>Provides coverage for your own horse(s) in the event that your horse requires Emergency Life Saving Surgery which is necessitated by accident or sickness, including colic surgery and fracture surgery.</p> <p>Members purchasing: _____</p>	<p>\$50.00 per person</p>	<p>\$</p>
<p>TACK INSURANCE (TAK)</p> <p>Insures tack and equipment from loss or damage anywhere in North America. Limit - \$10,000.00 (\$500 Deductible) Does not cover clothing or protective equipment worn by riders, wear & tear/abuse, mysterious disappearance or horse drawn vehicles.</p> <p>Members purchasing: _____</p>	<p>\$50.00 per person</p>	<p>\$</p>
<p>WEEKLY ACCIDENT INDEMNITY (WAI)</p> <p>In the event that 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 equine related incident. Will provide up to \$500/week in income replacement for up to 26 weeks (some restrictions apply). Please contact the office for a WAI form to be sent to you.</p> <p>PLEASE NOTE: Members who chose to purchase the Weekly Accident Indemnity option will automatically be provided with AD&D coverage. - including \$75,000 principal sum for permanent and catastrophic injuries, a fracture benefit of \$7,500/\$2,500 (helmet/no helmet) and a dental benefit of \$5,000 principal sum.</p> <p>Members purchasing: _____</p>	<p>\$195.00 per person</p>	<p>\$</p>

2024

Horse Council BC Membership Application



27336 Fraser Highway, Aldergrove, BC V4S 3N5 Phone: 604-856-4304 Toll-Free: 1-800-345-8055 Email: membership@hcbc.ca

(Required for each applying member)

This information is collected as a requirement of funding received from the Province of British Columbia and is reported as cumulative and unidentifiable data.

Please Enter Member Name Below	What is your primary involvement in the equestrian industry?	What is your secondary involvement?	If you will compete this year, please indicate your highest level of competition?	IS the member an Indigenous person, that is, First Nations (North American Indian)	Are you an athlete with a disability?	How many horses does each member own?	How would you like HCBC to communicate with you?
Name:	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> I don't compete <input type="checkbox"/> No reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply		<input type="checkbox"/> Email Only <input type="checkbox"/> Email & Mail
Name:	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> I don't compete <input type="checkbox"/> No reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply		<input type="checkbox"/> Email Only <input type="checkbox"/> Email & Mail
Name:	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> I don't compete <input type="checkbox"/> No reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply		<input type="checkbox"/> Email Only <input type="checkbox"/> Email & Mail
Name:	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> I don't compete <input type="checkbox"/> No reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply		<input type="checkbox"/> Email Only <input type="checkbox"/> Email & Mail
Name:	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> I don't compete <input type="checkbox"/> No reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply		<input type="checkbox"/> Email Only <input type="checkbox"/> Email & Mail
Name:	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Participant <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> No reply	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> I don't compete <input type="checkbox"/> No reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No reply		<input type="checkbox"/> Email Only <input type="checkbox"/> Email & Mail

Credit card info(credit card information will be shredded upon completion of processing membership.

Name on Card: _____

Credit card No: _____

Expiry date: _____ CVV: _____

Total HBC Membership(s)/Card(s) purchased: \$ _____

Total HCBC Products & Magazines purchased: \$ _____

Total Optional Acera Insurance Products purchased: \$ _____

Total: \$ _____

Chq #: _____ Total on Chq: _____



WEEKLY ACCIDENT INDEMNITY (WAI) APPLICATION (POLICY EXPIRES JANUARY 1ST EACH YEAR TO COINCIDE WITH YOUR MEMBERSHIP)

- TERM:** The policy is in force from January 1 to January 1 each year. Your coverage begins and remains in force while you are deemed to be a member in good standing by the association and under 75 years of age.
- INSURER:** Weekly Accident Indemnity Coverage is underwritten by Industrial Alliance Insurance and Financial Services Inc. and is administered by Acera Insurance Services Ltd. as the insurance broker
- LIMIT:** 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 – including \$75,000 Principal Sum for permanent and catastrophic injuries. There is also a Fracture benefit of \$7,500/\$2,500 principal sum (helmet/no helmet) and a Dental benefit of \$5,000 principal sum.

SUMMARY DESCRIPTION / INTENT

This insurance 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.

Special Notes on Coverage Restrictions

- The 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.
- Must be a resident of Canada and be a member in good standing of your provincial equine association
- Must be employed 25 hours a week
- Must be under the age of 75 years old
- Filed an income tax return to Canada Revenue Agency in the most recent year

Frequently Asked Questions

- Q** Does my Provincial Equine Association sell me the insurance?
A No. Acera Insurance Services Ltd. Is a licensed insurance broker and Administrator for the member insurance program. Any and all inquiries related to the insurance program must be directed to Acera Insurance Services Ltd.
- Q** How is my income determined to establish claim settlement with this policy?
A The insurer will ask for documentation from you including pay stubs, or filed tax documents to show your income as reported to Canadian Revenue Agency.
- Q** Are the benefits of income replacement taxable as income?
A No. Benefits are paid without income tax withheld. The maximum benefit cannot exceed 75% of income or the limit of insurance, whichever is the lesser.
- Q** I understand that the Weekly Accident Indemnity policy also provides some accident insurance. How does that work?
A In addition to the income replacement, you are covered by an AD&D component that will respond to specified injuries or death. Please refer to the certificate of insurance for details.

FULL PAYMENT IS REQUIRED AT THE TIME OF APPLICATION

The information above is a coverage of summary only. Any questions please contract Acera Insurance Services Ltd.

Western Provinces and Territories:

Acera Insurance Services Ltd.
100 - 1500 Hardy Street, Kelowna, BC V1Y 8H2
TF 1 800 670 1877 F 1 888 822 6115
E agri@capricmw.ca W capricmw.ca/equine

Ontario and Provinces Eastward:

Acera Insurance Services Ltd.
15221 Yonge Street, Aurora, ON L4G 1L8
TF 1 888 394 3330 F 1 888 822 6115
E forms@equicare.ca W capricmw.ca/equine



WEEKLY ACCIDENT INDEMNITY (WAI) APPLICATION
 (POLICY EXPIRES JANUARY 1ST EACH YEAR TO COINCIDE
 WITH YOUR MEMBERSHIP)

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:

1. Be a resident of Canada;
2. Be a member in good standing of your Provincial Equine Association;
3. Be employed full time (minimum of 25 hours a week with a single employer);
4. Be under the age of 75 years old; and
5. Files 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.

YOUR INFORMATION:

Name of Application: _____

Mailing Address: _____
STREET CITY PROVINCE POSTAL CODE

Contact Phone: (_____) _____ Email: _____

Date of Birth (DD/MM/YYYY): _____

EMPLOYMENT INFORMATION:

Your Occupation: _____ Average Number of hours worked **per week**: _____

Employer Name: _____ Employer Phone: _____

FUL TIME **with a single employer is required (Minimum 25 hours per week)** Yes No (If No, coverage is ineligible)

Did you file an Income Tax Return with Canada Revenue Agency last year? Yes No (If No, coverage is ineligible)

Are you enrolled with WCB / WSIB / Employer Disability Plan? Yes No

Have you ever made a claim for income replacement benefits? Yes 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.

Applicant Signature: _____ **Date Signed:** _____