



November 18, 2024

Atlantic Canada Trail Riding Association (ACTRA)
c/o April Haliburton 266 Maloney Rd
Admiral Rock, NS, B0N 2H0

Re: Policy #: ECL-00039692-006
Policy Term: January 1, 2025 12:01am to January 1, 2026

Dear Atlantic Canada Trail Riding Association (ACTRA):

We are pleased to enclose a Certificate of Insurance confirming that coverage is in effect for your equine organization.

Your full payment for this insurance has been received, thank you.

Kindly take a few moments to review the coverages that are provided. If there are any amendments required, please contact us immediately. We also ask you to familiarize yourself with the "Restrictions and Limitations" section of the policy, as this may affect your coverage.

Please also be reminded that this inexpensive insurance program is built on a foundation of Risk Management. It is of utmost importance that all of your active riding or driving members are members in good standing of their respective Provincial Equine Association.

We trust that you will find everything to be in order, and we would like to thank you again for allowing Acera Insurance Services Ltd to administer this insurance on your behalf. We are committed to providing exceptional service to our clients and look forward to working with you in the near future.

Insurance for horses and their people – It's what we do!

Sincerely,

Your Equine Insurance specialists,
Acera Insurance Services Ltd.

Western Provinces and Territories:

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



CERTIFICATE OF INSURANCE For Equine Association CLUBS



DECLARATIONS

POLICY NO. : ECL-00039692-006

REASON FOR ISSUE: Renewal

IN CONSIDERATION OF THE PREMIUM SPECIFIED, THE STATEMENTS CONTAINED IN THE DECLARATIONS AND THE CONDITIONS AND STIPULATIONS HEREIN AND IN THE COVERAGE ATTACHED HERETO AND THE PARTICULARS AND STATEMENTS OF THE WRITTEN PROPOSAL MADE BY THE INSURED WHICH IT IS HEREBY AGREED ARE THE BASIS OF THIS INSURANCE AND ARE CONSIDERED AS INCORPORATED HEREIN, THE INSURER AGREES TO INSURE THE INSURED NAMED IN THE DECLARATIONS TO THE EXTENT PROVIDED BY THE COVERAGE ATTACHED, SUBJECT TO THE LIMIT OF INSURANCE APPLYING, FOR THE SPECIFIED POLICY PERIOD.

1. NAME OF INSURED	Atlantic Canada Trail Riding Association (ACTRA)		
2. POSTAL ADDRESS	c/o April Haliburton 266 Maloney Rd Admiral Rock, NS, B0N 2H0		
3. COVERAGE PERIOD from	MM/DD/YYYY January 1, 2025	To MM/DD/YYYY January 1, 2026	12:01 a.m. standard time at the address of the named insured as stated herein.
4. BROKER	Acera Insurance Services Ltd. 15221 Yonge Street, 2 nd Floor, Aurora, ON L4G 1L8		

5. SCHEDULE

Insurance is provided only for those coverage or items for which a specific limit or indication and premium are shown on the attached Schedule, and subject to the Terms and Conditions of the attached Policy wordings.

Northbridge General Insurance Corporation (hereinafter referred to as the Insurer) and the Insured agree that in consideration of the premium paid to the Insurer, the Insurer will indemnify the Insured for loss of or injury to the insured animal(s) subject to the terms and conditions of this policy for the Policy Period shown.

The Policy Terms, Conditions, Exclusions and Endorsements incorporate terms and conditions which may limit cover or, in certain situations, exclude cover.

This policy shall not be in force unless signed by an authorized representative of the Northbridge General Insurance Corporation.

President & CEO

Countersigned at Kelowna, British Columbia on November 18, 2024

Authorized Representative

THIS POLICY CONTAINS A CLAUSE(S) WHICH MAY LIMIT THE AMOUNT PAYABLE

Version Date: January 1, 2023



CERTIFICATE OF INSURANCE For Equine Association CLUBS



POLICY NO: ECL-00039692-006

COVERAGE PERIOD: FROM January 1, 2025 TO January 1, 2026

NAME OF INSURED: Atlantic Canada Trail Riding Association (ACTRA)

SCHEDULE

Insurance is provided only for those coverages or items for which a specific limit or indication and premium are shown below, and subject to the Declarations, Terms and Conditions of the attached Policy wordings.

DESCRIPTION OF OPERATIONS:

1. Specific to the signed Equine Association Club Application on file and is subject to the terms, conditions and exclusions of the Master policy.

Section 1 – COMMERCIAL GENERAL LIABILITY

MASTER POLICY NUMBER: CBC 8153329

OPTIONAL COVERAGE (COVERAGE PROVIDED ONLY FOR THOSE ITEMS MARKED WITH AN (X))

(N/A)	Liability is extended to the ownership or leasing of land and buildings, and the operation or maintenance of equine facilities year round that includes:
(N/A)	Boarding of non-owned animals.
(N/A)	Liability is extended to cover the Subgroup(s) and/or Regional Group(s) as per attached Addendum
(N/A)	Liability is extended to cover Mounted Archery and/or Mounted Shooting Activities

RESTRICTIONS AND LIMITATION:

- 1) Coverage is void if the Named Insured and its active riding members are not current members in good standing with their Provincial Association who is also insured under this policy.
- 2) The coverage is restricted to losses arising solely from the activities of the Named Insured as declared on the Application for insurance submitted.
- 3) The coverage excludes the ownership or leasing of land and buildings, and the operation or maintenance of equine facilities for more than 15 consecutive days unless otherwise stated on this certificate.
- 4) The coverage excludes all "Commercial Use" of an equine such as but not limited to short term rental.
- 5) The coverage excludes "Pari-Mutuel Racing", "Unsanctioned Racing Activity", "Horse Pulling" and instruction by other than an instructor who is experienced in the particular discipline being taught.
- 6) The coverage excludes bodily injury or property damage resulting from the sale of alcohol at fund raising events.
- 7) The coverage excludes bodily injury to a "Rodeo Participant".
- 8) The coverage has a USA Jurisdiction Exclusion which means any judgment, award, payment, settlement or proceeding made within territories operating under the laws of the USA are excluded. All claims must be brought in Canada.
- 9) With respect to Clubs, the boarding of an equine and the instruction by an experienced competent instructor shall not be deemed to be commercial use.
- 10) With respect to Clubs, fund raising activities shall not be deemed to be commercial use of a horse provided the fund raising activity does not involve offering trail rides or pony rides to the public.
- 11) With respect to Clubs the use of an equine for equine shows or competitions shall not be deemed commercial use.

COVERAGE		LIMIT OF LIABILITY	DEDUCTIBLE
Part III.	Bodily Injury Liability	\$5,000,000	NIL
Part III.	Personal Injury Liability	\$5,000,000	\$1,000
Part III.	Property Damage Liability	\$5,000,000	\$1,000
Part III.	Incidental Medical Malpractice Liability	\$5,000,000	\$1,000
Part III.	Advertising Liability	\$5,000,000	\$1,000
Part III.	Medical Payments		\$1,000
	➤ Each Person	\$5,000	
	➤ Each Accident	\$25,000	
Part III.	Tenant's Legal Liability – Any One Premises	\$1,000,000	\$1,000
Part III.	Fire Fighting Expenses	\$1,000,000	\$1,000
Part III.	Elevator and Hoist Collision	NOT COVERED	
Products – Completed Operations Aggregate Limit		\$5,000,000	\$1,000
Care, Custody and Control of Non-Owned Animals			\$1,000
	• Maximum limit of liability for any one animal	\$50,000	
	• Maximum Liability any one loss involving more than one animal	\$250,000	
SPF # 6	Standard Non-Owned Automobile	\$5,000,000	\$1,000
SEF#94	Legal Liability for Damage to Hired Automobiles	\$75,000	\$1,000 All Perils
SEF#96	Contractual Liability Endorsement	Included	
SEF#99	Long Term Leased Vehicle Endorsement	Included	



CERTIFICATE OF INSURANCE For Equine Association CLUBS



POLICY NO: ECL-00039692-006

COVERAGE PERIOD: FROM January 1, 2025 TO January 1, 2026

NAME OF INSURED: Atlantic Canada Trail Riding Association (ACTRA)

Section 1 – COMMERCIAL GENERAL LIABILITY (Continued)

The following are AUTOMATICALLY included as Additional Insureds:

- 1) Owners of private or public land, but only with respect to losses arising out of the activities of the Named Insured, and;
- 2) Volunteers, employees and casual labour of the Named Insured, and;
- 3) Instructors at Club hosted clinics or seminars, and;
- 4) Any person acting in an official capacity with respect to a competition being hosted by the Named Insured, such as but not limited to officials, judges, stewards or course designers with respect to losses arising out of their official duties that are part of the activities involved with or necessary to the competition.
- 5) Equestrian Canada Équestre and/or PTSO with respect to the operations of shows or competitions that have received permit or sanction from an Equine Association insured by this policy.
- 6) Any person acting as a volunteer or supplier of goods, materials or services other than alcoholic beverages or animals for a competition or show being hosted by a Member of an Equine Association insured by this policy, with respect to losses arising out of such duties, goods, materials or services that are part of the activities involved with or necessary to the competition or show.

The following are also added as Additional Insured:

Section 2 – PROPERTY COVERAGE

MASTER POLICY NUMBER: CBC 8153329

COVERAGE	LIMIT OF LIABILITY	DEDUCTIBLE
Commercial Property of the Named Insured excluding Buildings and permanent structures: <ul style="list-style-type: none">• Replacement Cost except Actual Cash Value on Stock.• 90% Co-Insurance	\$10,000	\$500
Comprehensive Dishonesty, Disappearance and Destruction <ul style="list-style-type: none">• Employee Dishonesty – Form A• Loss Inside Premises• Loss Outside Premises• Money Orders and Counterfeit Paper Currency• Depositors Forgery	\$10,000 \$2,500 \$2,500 \$2,500 \$2,500	\$500 \$500 \$500 \$500 \$500

Loss payable to: Insured

SECTION 1 & SECTION 2 TOTAL PREMIUM: \$385.00

Minimum and Retained Premium: \$385.00

**HORSE SHOW/EVENT
CERTIFICATE OF INSURANCE**

NAMED INSURED: Atlantic Canada Trail Riding Association (ACTRA)

ADDRESS OF INSURED: c/o April Haliburton 266 Maloney Rd

CITY: Admiral Rock

PROVINCE: NS

POSTAL CODE: B0N 2H0

INSURANCE COMPANY: Northbridge General Insurance Corporation

EFFECTIVE FROM: January 1, 2025

TO EXPIRY: January 1, 2026

POLICY NUMBER: ECL-00039692-006

GENERAL LIABILITY

Limit of Liability per Horse Show or Event \$5,000,000 (Minimum \$2,000,000)

Aggregate ☐ Occurrence ☒

Policy includes all of the following Extensions:



Broad Form Property Damage



Bodily Injury including Participants



Limit per Horse Show or event



Cross Liability



Non-owned Automobile



Tenants Legal Liability – Limit \$1,000,000

(Not applicable if the property is owned by legal entity receiving EC competition sanction)



Additional Insureds with respect to Liability arising out of the operations of the named Insured are EQUESTRIAN CANADA (EC), EC OFFICIALS, STEWARDS, JUDGES, COURSE DESIGNERS, VOLUNTEERS, AND THE PROVINCIAL BODY NAMED NSEA - Nova Scotia Equestrian Federation



Waiver of subrogation clause against EQUESTRIAN CANADA (EC), EC OFFICIALS, JUDGES, and COURSE DESIGNERS.

THIS IS TO CERTIFY THAT THE POLICY OR CERTIFICATE (INCLUDING ENDORSEMENTS) OF INSURANCE, AS DESCRIBED ABOVE, HAS BEEN ISSUED BY THE INSURER AND/OR UNDERSIGNED TO THE NAMED INSURED ABOVE AND IS IN FULL FORCE AT THIS TIME. IF CANCELLED OR CHANGED IN ANY MANNER, FOR ANY REASON, DURING THE PERIOD OF COVERAGE AS STATED HEREIN SO AS TO AFFECT THIS CERTIFICATE, FIFTEEN (15) DAYS PRIOR WRITTEN NOTICE WILL BE GIVEN BY THIS INSURANCE COMPANY TO **Equestrian Canada c/o House of Sport, 2451 Riverside Drive, Ottawa, ON Canada K1H 7X7.**

DATED THIS January DAY OF 01, 2025 AT Kelowna, BC

CANADA BY AUTHORIZED AGENT:



(Signature of Broker, Agent, or authorized representative)

NAME OF BROKER: Acera Insurance Services Ltd.

ADDRESS OF BROKER: 15221 Yonge Street, 2nd Floor, Aurora, ON L4G 1L8



Equine CLUBS Premium Invoice

NAMED INSURED: Atlantic Canada Trail Riding Association (ACTRA)

ADDRESS: c/o April Haliburton 266 Maloney Rd
Admiral Rock, NS, B0N 2H0

Coverage	Limit	Premium
Base Premium	Applicable	\$385.00
Commercial Property (Excluding Buildings & Permanent Structures)	\$10,000	Included
Tenant Legal Liability	\$1,000,000	Included
Club World Wide Liability including Injury to Participants	\$5,000,000	Included
Crime Coverage Loss Inside Premises Loss Outside Premises Money Orders and Counterfeit Paper Currency Depositors Forgery	\$2,500	Included
Crime Coverage Employee Dishonesty	\$10,000	Included
Non Owned Horses in your Custody Per Horse Maximum Per Incident/Annual Aggregate	\$50,000 \$250,000	Included
Liability is extended to the ownership or leasing of land and buildings, and the operations or maintenance of facilities year round	Not Applicable	
Boarding of non-owned animals	Excluded	Excluded
Liability is extended to cover the Subgroup(s) and/or Regional Group(s)	Not Applicable	
Premium Minimum & Retained Premium (if policy is cancelled)		\$385.00 \$385.00 or 50% whichever is greater
PST		\$0.00
Total Amount Due		\$385.00

PAID ☒

DATE PAID November 18, 2024

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Over the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

Every Person Must Read and Understand this Waiver Before Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of: _____,

its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to, competitions, tournaments organized and /or operated by the "Host", riding instruction, coaching and training provided by the "Host" to the Participant.

Initial Each Item below after Reading and Understanding each item:

1. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
 - (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
 - (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects;
 - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
 - (d) the potential of natural or man-made hazards being present that can cause me harm, including communicable disease.
2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, sickness, disease, medical payments, death, property damage or loss resulting from my participation in "Equine Activities".
3. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".
4. In addition to consideration given to the "Host" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree:
 - (a) to waive all claims that I have or may have in the future against the "Host";
 - (b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
 - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".
5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
6. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".
7. I confirm that I have reached the age of majority in the province in which I am participating in "Equine Activities".

Participant Name _____ Date of Birth _____ Tel # _____

Address _____ City _____ Province _____ Postal _____

(Signature of Participant)

Signed this _____ day of _____, 20____

(Print Name of "Host" Witness to Signing and Initialing)

(Signature of "Host" Witness)

Signed this _____ day of _____, 20____

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Under the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

The Parent/Guardian Must Read and Understand this Waiver Prior to Infant Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the Infant Participant named below with and for the benefit of:

_____, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to competitions, tournaments organized and /or operated by the "Host", riding instruction, coaching and training provided by the "Host" to the Infant Participant.

Initial Each Item below after Reading and Understanding each item:

- ____ 1. I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as Parent/Guardian and with the intent that this waiver be binding on myself and the Infant Participant for all legal purposes.
- ____ 2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
 - (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
 - (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects; and
 - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
 - (d) the potential of natural or man-made hazards being present that can cause me harm, including communicable disease
- ____ 3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, sickness, disease, medical payments, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".
- ____ 4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Infant Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Infant Participant in the Infant's participation in "Equine Activities".
- ____ 5. In addition to consideration given to the "Host" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
 - (a) to waive all claims that the Infant Participant has or may have in the future against the "Host";
 - (b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant Participant's participation in "Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
 - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Infant's participation in "Equine Activities".
- ____ 6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
- ____ 7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Infant Participant, and it is binding on myself, the Infant Participant and our "Legal Representatives".

Infant Participant's Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____

Parent/Guardian's Name _____ Date of Birth _____ Tel # _____

Address _____ City _____ Province _____ Postal _____

(Signature of Parent/Guardian of Infant Participant)

Signed this _____ day of _____, 20____

(Print Name of "Host" Witness to Signing and Initialing)

(Signature of "Host" Witness)

EQUINE INCIDENT REPORT

BUSINESS NAME: _____

DATE REPORTED: _____

EXACT LOCATION: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

INCIDENT REPORT COMPLETED BY: _____ INCIDENT REPORTED TO: _____

TIME INCIDENT LOCATION INSPECTED: _____ INSPECTED BY: _____

1. INJURED PERSON DETAILS

NAME: _____

ADDRESS: _____

TELEPHONE NO.: (Home) _____ (Business) _____ (Mobile) _____

DATE OF BIRTH: _____ (approx. or guess if unknown) MALE ☐ FEMALE ☐

IF INJURED PERSON IS A MINOR, WERE PARENTS/GUARDIANS PRESENT AT TIME OF

ACCIDENT: YES ☐ NO ☐

WAS INJURED PERSON Reasonable ☐ Upset ☐ Aggressive ☐ Add relevant comments: _____

WALKING STICK ☐ GLASSES ☐ CARRYING GOODS ☐ INTOXICATED ☐ OTHER IMPAIRMENTS ☐

2. WITNESS DETAILS (if more than one witness is involved, provide the following information on a separate page for each witness)

ATTACH STATEMENTS OR ADDITIONAL COMMENTS

NAME OF WITNESS: _____

ADDRESS OF WITNESS: _____

TELEPHONE NO.: (Home) _____ (Business) _____ (Mobile) _____

TYPE OF WITNESS: EYE WITNESS TO INCIDENT ☐ CIRCUMSTANTIAL WITNESS ☐

RELATIONSHIP TO INJURED PERSON: _____

IF ANOTHER PARTY RESPONSIBLE, PLEASE PROVIDE DETAILS: _____

3. PERSONAL INJURY DETAILS

PART OF BODY INJURED:

Head & Neck ☐ Hip ☐ Hands/Fingers ☐ Eyes or Face ☐ Feet & Toes ☐

Shoulder ☐ Knee ☐ Back & Trunk ☐ Arms/Wrists ☐ Other ☐

If Other, or multiple, please describe: _____

NATURE OF INJURY:

Multiple ☐ Minor Bruise – Not Disabling ☐ Concussion/Unconscious (Serious) ☐

Fracture ☐ Major Bruising – Disabling ☐ Burns/Scalds – requiring medical attention ☐

Sprain ☐ Minor Cut/Laceration – no stitches ☐ Ligament Damage ☐

Dislocation ☐ Cut/Laceration requiring stitches ☐ No Apparent Injury ☐

Superficial ☐ Minor Concussion ☐ Other ☐

If Other, please describe: _____

DESCRIPTION OF and SEQUENCE OF EVENTS LEADING UP TO THE INCIDENT

(as described by injured party)

DESCRIPTION OF INCIDENT

(by you or independent witness)

WAS INJURED PERSON TAKEN TO: TREATMENT BY FIRST AIDER ☐ DOCTOR/HOSPITAL ☐ AMBULANCE ☐

NAME OF FIRST AIDER/PERSON ATTENDING: _____ CONTACT NO.: _____

OTHER (please describe): _____

IF THIRD PARTY/CONTRACTOR AT FAULT: THIRD PARTY/CONTRACTOR'S NAME: _____

THIRD PARTY/CONTRACTOR'S INSURANCE DETAILS: _____

4. **PROPERTY DAMAGE** (complete if there is property damage)

ITEM DAMAGED: _____

DETAILS: _____

IF VIEWED AND BY WHOM: _____

PHOTOS TAKEN AND BY WHOM: _____

5. **LOCATION OF INCIDENT**Car Park ☐Entrance/Exit ☐Riding Ring ☐Car Park Ramps ☐Internal Ramp ☐Clinic/Show Ring ☐Children's Play Area ☐Eventing Field ☐Warm Up Ring ☐Stable Area ☐Paddock ☐Other ☐

If Other, please describe: _____

6. **EQUINE INFORMATION**

HORSE NAME: _____ HORSE AGE: _____

NAME OF HORSE'S OWNER(s): _____

ADDRESS: _____

USE OF HORSE AT THE TIME (i.e. School Horse): _____

DESCRIBE PHYSICAL PROBLEMS OF HORSE THAT MAY HAVE BEEN A CONTRIBUTING FACTOR: _____

INDICATE THE HORSE'S EXPERIENCE IN THIS ACTIVITY: _____

HAD THE INJURED PERSON HANDLED OR RIDDEN THIS HORSE BEFORE: YES ☐ NO ☐ IF YES, HOW OFTEN: _____

DID THE INJURED PERSON SIGN A RELEASE FORM: YES ☐ NO ☐ IF YES, ATTACH A COPY

LIST ANY OTHER DETAILS THAT ARE PERTINENT TO THE ACCIDENT: _____

RECORD OF INCIDENT

Video/Closed Circuit ☐

Photo ☐

None ☐

INCIDENT REPORT COMPLETED BY: _____

DATE: _____

SIGNATURE: _____



Equine CLUBS APPLICATION

CLUB NAME: Atlantic Canada Trail Riding Association (ACTRA)

ADDRESS: c/o April Haliburton 266 Maloney Rd
Admiral Rock, NS, B0N 2H0

TEL: (902) 758-4250

CELL TEL: (902) 751-2262

EMAIL: actratreasurer@gmail.com

WEBSITE: www.atlanticriders.ca

CONTACT NAME: April Hailburton

POSITION ON BOARD: Treasurer

PROVINCIAL EQUINE ASSOCIATION: Yes

PROVINCIAL ASSOCIATION: NSEA - Nova Scotia Equestrian Federation

ALL MEMBERS IN GOOD STANDING OF A PTSO: Yes

CLUB'S ACTIVITIES:	<input checked="" type="checkbox"/> Member Rides	<input checked="" type="checkbox"/> Clinics	<input type="checkbox"/> Lessons	<input checked="" type="checkbox"/> Competitions	<input checked="" type="checkbox"/> Social Events	<input checked="" type="checkbox"/> Meetings
	<input type="checkbox"/> Club Auctions	<input checked="" type="checkbox"/> Exhibitor at Trade Shows	<input type="checkbox"/> Overnight Camps	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Used Tack Sales	
	<input type="checkbox"/> Fundraising Activities	<input type="checkbox"/> Mounted Archery	<input type="checkbox"/> Mounted Shooting	<input checked="" type="checkbox"/> Other	Long Distance Trailing Riding Competitions	

TRAILS BUILT, CLEARED, MAINTAINED: Yes

TRAILS CLEARED TO ENSURE SAFE RIDE: Yes

FOOD OR CONCESSION SALES: No

SERVE AND/OR SELL ALCOHOL: No

ROUGH STOCK EVENTS/ACTIVITIES: No

OFFER EAL: No

INSURANCE CLAIMS: No

PAST CLAIMS No

OPERATIONS OR ACTIVITIES IN USA: No

RENT PROPERTY TO OTHERS: No

RENT/LEASE LONGER THAN 15 DAYS: No

PROPERTY IN EXCESS OF \$10,000: No

OPTIONAL TACK COVERAGE: No

UMBRELLA ORGANIZATION: No

ADDITIONAL INSURED: No

☒ I declare that the statements made in this application are true to the best of my knowledge. I understand that the Application will form part of the insurance policy provided through certain Underwriters. I acknowledge that if, at the time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

APPLICATION DATE: November 18, 2024

ELECTRONIC ACKNOWLEDGMENT RECORDED
Signature of Applicant