

# Application for Embryo Insurance

EHAVFE-011120

Return address: P.O. Box 2300, 5202 CH 's-Hertogenbosch, info@HippoHorseInsurance.com

## Duty of Disclosure

The insurance agreement is governed by the law of the Netherlands.

You have a legal obligation to answer completely and truthfully all questions that we ask you prior to conclusion of the agreement. If it transpires that you have failed to fulfil or to fulfil completely your duty of disclosure, this may limit or even invalidate the entitlement to an insurance benefit. We have the right to cancel the insurance if you deliberately tried to mislead us or if we would not have approved the insurance had we known the true circumstances.

Hippo Horse Insurance offers you a choice to insure an embryo, the transplantation costs, stud fee and/or the surrogate mare. This insurance is possible from 45 days after the last transplantation date. The insurance is up to 7 days after the birth of the foal. The coverage of the embryo / foal up to 7 days after birth is in accordance of the Embryo insurance. In the event of damage, 85% of the insured value of the embryo/foal is reimbursed. The surrogate mare is insured based on a 1 Star. The compensation of the surrogate mare is 100% of the insured value.

For the General and Special Terms and Conditions, please visit our website [HippoHorseInsurance.com](http://HippoHorseInsurance.com)

If upon commencement of the insurance no recent in-foal declaration has been issued by a veterinarian based on a recent scan or recent palpation of the mare, Hippo Horse Insurance will not make any payment if the mare is not in-foal.

An Embryo Complete Insurance, effected in respect of older mares (from the age of 20 years) excludes cover of death of the fetus other than by birth or miscarriage. Information about the options of further insurance is available from our staff.

<b>1. Policyholder</b>	Effective date.....
Name M/F.....	Customer number.....
Street.....	Date of birth.....
Postcode / City.....	E-mail.....
Home telephone.....	Occupation / Company.....
Mobile phone.....	You want insurance as a
	<input type="checkbox"/> Private individual
	<input type="checkbox"/> Business, company number required.....
Do you consent to any correspondence by email?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2. Donor mare details

Name of horse.....	Breed / Lineage.....
Stud book number.....	

## 3. Embryo details

Name of stud.....	Date of transplantation.....
Breed/Lineage.....	Performed by.....
Studbook.....	Expected date of birth.....
Stud fees € .....	

## 4. Surrogate mare details

Name of horse.....	Year of birth.....
Vreed/Lineage.....	Colour.....
Studbook number.....	Chip number.....

## 5. Insured value& premium

<input type="checkbox"/> Embryo transplantation costs	€ .....	<input type="checkbox"/> Stud fees €.....
Total insured value	€ .....	

The premium is 10% of the insured value. The premium is exclusive of € 10.00 policy costs and insurance premium tax.

If the combined insured value of the stud fees and the transplantation costs > € 8,500, the premium is upon request.

Surrogate mare € ..... The premium is 3,25%. The premium is exclusive of € 10.00 policy costs and insurance premium tax.

## 6. Additional details surrogate mare

Are you the owner of the surrogate mare?  Yes  No, please provide details of owner:

What is the address of the stable of the surrogate mare during the gestation and nursing period?

Is this the first time the surrogate mare is in-foal?  Yes  No, please answer the following questions:

Has the surrogate mare ever had a premature birth?  Yes  No



Has the surrogate mare ever given birth to a dead foal?  Yes  No  
Has the surrogate mare ever had a miscarriage?  Yes  No

Have there been any abnormal circumstances such as abnormal birth, removal of the uterus or laminitis, before, during or after the birth in respect of the mare in-foal to which this insurance application form relates?  Yes  No

If so, in which circumstances and when?.....

Is the surrogate mare gestating twins?  Yes, insurance is not possible  No

Has the surrogate mare been treated by a veterinarian?  Yes  No

If so, for what cause of disease and when?.....

**i** If you have answered any of the questions above with yes, please include medical report(s) of the responsible veterinarian(s).

Has the surrogate mare been insured by Hippo Horse Insurance?  Yes, under which policy number.....  No

How many surrogate mares do you own?.....

### 7. Premium payment

The premiums will be paid to:  Hippo  The agent

### 8. SEPA Direct Debit Mandate

IBAN number..... BIC number.....

Name : Hippo Horse Insurance  
Address : Postbus 2300 Postal code : 5202 CH  
City : 's-Hertogenbosch Country : The Netherlands  
Creditor identifier : NL73ZZZ160660080000

Mandate reference :  This is given by Hippo Horse Insurance.

Reason for authorization : Payments for insurances / services

By signing this mandate form, you authorize:

- Hippo Horse Insurance to send a one-off collection instructions to your bank to debit your account and
- your bank to debit your account in accordance with the instructions from Hippo Horse Insurance.

If you do not agree with this direct debit you may request a refund. Please contact your bank within 8 weeks starting from the date on which your account was debited. Enquire with your bank about the terms and conditions

Place ..... Date ..... Signature .....

### 9. Other circumstances

a. Have you previously submitted a claim with an insurance company? If Yes, please provide details about date, cause and extent of damage. (Please also answer if damage was not insured)  No  Yes

b. In the past 8 years have you been refused insurance, had insurance cancelled, not renewed or been able to remain insured only subject to special conditions? If so, please state the company or companies that took such action, the insurance(s) concerned and the reason for the action taken.  No  Yes

c. In the past 8 years have you had any dealings with the police or judicial authorities, either as a suspect or in connection with a sentence for criminal or other offences?  No  Yes

d. In the past 5 years, have you been declared bankrupt, involved in debt restructuring or has the court approved suspension of payments?  No  Yes

e. In the past 8 years, have you been involved in insurance fraud or deliberate deception of a financial institution? If yes, please provide details of company and policy number:  No  Yes



f. Is your income or any of your assets currently under seizure?  No  Yes

g. Is there any other information about the insured risk or about you personally that may be relevant to the assessment of this application? If yes, please provide details. (if preferred, you may enclose this information in a sealed envelope addressed to the Board of Management of Hippo Horse Insurance)  No  Yes

Please note: Failing to disclose or withholding information may result in non-payment of damages (see Duty of Disclosure).

**10. Finally**

How did you hear about Hippo Horse Insurance? .....

**Privacy statement**

More information about our privacy statement can be found on our website HippoHorseInsurance.com

**Important: reservation!**

The cover is subject to the outcome of the data check with the CIS Foundation and the ABZ Compliance Check. Your details will be assessed to ensure responsible acceptance policy and compliance with legislation on sanctions. Furthermore, cover is subject to there not being any outstanding premium.

**Signature**

I, the undersigned, hereby declare that I have given full and true answers to the above questions.

I declare that I wish to enter into (an) insurance contract(s) providing cover as selected by me and set out in the General and Special Terms and Conditions.

I further declare that I shall accept the policy (drawn up in accordance with this application) and shall pay the premiums and costs owed for the policy.

I declare that I have been provided with a copy of the General and Special Terms and Conditions relating to the insurance(s) I apply for, that I accept the applicability thereof and that I have taken cognizance of said Terms and Conditions.

Insurance adviser:  
  
Hippo Horse Insurance  
client number:

Signature policyholder .....

Date ..... City .....