



Application form for Operation-/Castration Insurance

EHAVFO-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.

1. The following should be filled in by the owner

Name M/F..... Customer number Policy number.....

Address..... Date of birth

Zip code /city E-mail

Home telephone Occupation / company.....

Mobile phone You want insurance as a: private individual

business:

Chamber of Commerce number

I hereby voluntarily accept e-mail as one form of communication Yes No

2. 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 have it reversed. Please contact your bank within 8 weeks after the direct debit has taken place.

Enquire with your bank about the terms and conditions.

Place Date Signature

3. Details of horse/pony to be insured

Name horse Breed Color

Date of birth Sex Stallion Gelding Mare Height by measuring stick

Stud book number Descent

Chip number Purpose Riding horse* Stud Trotting / Racing

*Riding horse = Recreation / Dressage / Jumping / Driving / Western

Insured value* €

*If the horse is gelded while standing, the insured value can amount to a maximum of € 10.000.

4. 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).

5. 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

6. The following should be filled in by the veterinarian: (no more than 24 hours before the start of the procedure)

Anesthesiological case history

Previous sedation Yes No Unknown, development.....

Previous anesthesia Yes No Unknown, development.....

History of disease over the last six months.....

Current medication.....

Hypersensitivity to drugs.....

Chronic disease

7. Pre-anesthesia examination

Nutritional condition	<input type="checkbox"/> good	<input type="checkbox"/> anomalous, comments
Build and bearing	<input type="checkbox"/> normal	<input type="checkbox"/> anomalous, comments
Skin and hair	<input type="checkbox"/> good	<input type="checkbox"/> anomalous, comments
Mucous membranes	<input type="checkbox"/> good	<input type="checkbox"/> anomalous, comments
Lymph nodes	<input type="checkbox"/> good	<input type="checkbox"/> anomalous, comments
Eyes	<input type="checkbox"/> good	<input type="checkbox"/> anomalous, comments
Locomotion	<input type="checkbox"/> regular	<input type="checkbox"/> lame, nature and location..... <input type="checkbox"/> ataxia
Peculiarities	<input type="checkbox"/> good	<input type="checkbox"/> anomalous, comments
Pulse frequency	<input type="checkbox"/> normal	<input type="checkbox"/> anomalous, comments
Heart auscultation	<input type="checkbox"/> normal	<input type="checkbox"/> anomalous, comments
Respiratory frequency/type	<input type="checkbox"/> quality.....	
Lung auscultation	<input type="checkbox"/> normal	<input type="checkbox"/> anomalous, comments
Jugular veins (left, right)	<input type="checkbox"/> normal	<input type="checkbox"/> anomalous, comments
Temperature °C	

8. Additional examination

No Yes (if this was carried out, (a legible copy of) the report should be sent as an annex to this form.)

Blood test ECG/echocardiography Neurologic Internal organs Orthopedic

ASA classification 1 / 2 / 3 / 4 / 5

Date of clinic

Name..... Address

Zip code /Town/city Telephone.....

Telephone mobile E-mail

Surgeon..... Anesthetist

Grounds of operation.....

Anesthesia method

Standing under sedation and local anesthetic

Intravenous

Inhalation

Monitoring ECG Capnography Invasive blood pressure

Date of operation Expected length of operation.....

The clinic is aware of the conditions of Hippo Horse Insurance 's operation/castration insurance?
For the General and Special Terms and Conditions, please visit our website HippoHorseInsurance.com

No Yes

Signature veterinarian..... Agreement of Hippo Horse Insurance

Date Date