

Application for/change Horse Insurance

EHAVFP-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. Policyholder

Name	Effective/modification date
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: <input type="checkbox"/> private individual
	<input type="checkbox"/> business: Chamber of Commerce number.....
IBAN number	Is there a right to deduct VAT? <input type="checkbox"/> Yes <input type="checkbox"/> No
BIC number	

Please note: if several persons wish to insure the same horse, please complete an application form per policyholder.

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

2. Details of horse/pony to be insured

Name horse	Breed	Colour
Date of birth	Sex <input type="checkbox"/> Stallion <input type="checkbox"/> Gelding <input type="checkbox"/> Mare	Height by measuring stick.....
Stud book number	Descent	
Chip number	Purpose for which horse is used <input type="checkbox"/> Riding horse ⁱ <input type="checkbox"/> Stud <input type="checkbox"/> Trotting /Racing	
	ⁱ Riding horse = Recreation / Dressage / Jumping / Driving / Western	
From whom did you purchase the horse?		
Date of purchase	Purchase price €	
Stable name	Address of stable*	
Telephone stable address		

*Always state the current situation, to allow a visit by our inspector.

3. Insurance conditions

For the acceptance requirements and the General and Special Terms and Conditions, please visit our website HippoHorseInsurance.com

Insured value €

Insurance options

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Hippo  | <input type="checkbox"/> Hippo  | <input type="checkbox"/> Hippo  | <input type="checkbox"/> Hippo  |
|--|--|--|--|

Additional Sickness insurances

- | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Care Plus | <input type="checkbox"/> Care Silver | <input type="checkbox"/> Care Bronze | <input type="checkbox"/> Care Gold |
|------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|

Additional options

- | | | |
|--------------------------------|--|----------------------------------|
| <input type="checkbox"/> Theft | <input type="checkbox"/> Civil liability | <input type="checkbox"/> Funeral |
|--------------------------------|--|----------------------------------|

Other insurance policies:

- | | | |
|--|--|--|
| <input type="checkbox"/> Stud horses | <input type="checkbox"/> incl. art. insemin. with fresh semen | <input type="checkbox"/> incl. art. insemin. with fresh semen |
| <input type="checkbox"/> Stud horse insurance Plus | <input type="checkbox"/> inc. artif. insemin. with fresh semen | <input type="checkbox"/> inc. artif. insemin with frozen semen |
| <input type="checkbox"/> Foetus ⁱ | <input type="checkbox"/> Embryo ⁱ | |
| <input type="checkbox"/> Saddle ⁱ | <input type="checkbox"/> Horse-drawn vehicles ⁱ | <input type="checkbox"/> Trailer |

ⁱ If you select a Foetus, Embryo, Saddle, Trailer/horse-drawn vehicle and/or horse-trailer/truck insurance, we will send you an additional application form.

4. Health of the horse

Has your horse (recently) undergone a veterinary examination? No Yes* Clinically, on (date)
 X-rayed on (date)

Is your horse in good health? (or have you observed any particular behaviour, such as eating poorly/slowly etc.)
 Yes No,

Does the horse (with you and/or the previous owner) have or has had any ailments, diseases, symptoms and/or deficiencies?
 No Yes ⁱ, namely

Has the horse (with you and/or the previous owner) ever been seen or treated by a veterinarian, therapist and/or other veterinary professional?
 No Yes ⁱ, date(s) and cause(s):

Has the horse ever had surgery (with you and/or the previous owner)? No Yes ⁱ, namely

Has the horse ever shown behavioural problems/stable vices (with you and/or the previous owner)?
 No Yes ⁱ, namely

Does the horse have allergies/summer eczema? No Yes ⁱ, namely

ⁱ If you have answered yes to any of the questions above, please include medical examination report(s), X-rays and/or report (s) of responsible veterinarian(s)/therapist(s) and/or veterinary professional.

In the case of a mare:

Has your mare ever raised a foal? No Yes, in the year/years

Is your mare currently in foal? No Yes, through natural mating / art. insemination
 Yes, through embryo transplant

5. Number of horses

How many horses do you own in total?

Have you have lost any horses in the past 24 months?..... No Yes

If yes, please provide date and cause of each loss.....

Who is your veterinarian? Telephone number.....

6. Preferred premium payment

Premiums will be paid to: Hippo Horse Insurance The agent By means of Invoice Direct debit¹

Frequency Yearly Half-yearly ⁱ Quarterly ⁱ Monthly² ⁱ

¹ A 6% surcharge applies to half-yearly, quarterly and monthly payment. For premiums of < € 300, only yearly, half-yearly or quarterly payment are possible.

² Direct debit is required in case of monthly payment to Hippo Horse Insurance.

ⁱ If you select payment by direct debit, you need to provide us with a SEPA authorization form.

7. 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 recurrent collection instructions to your bank to debit your account and
- your bank to debit your account on a recurrent basis 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



8. 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).

9. 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