

# Application form Horse Transit insurance

EHAVFT-011120

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

Entrance date ..... Expiry date .....

The policyholder is obliged to fill in undermentioned otherwise it is not possible to insure.

## 1. Policyholder

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.....

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

## 2. 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

Purchase value € .....

## 3. 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 .....

## 4. Horse's health

Has your horse undergone a (previous)veterinary examination?  No  Yes\*  Clinically, on (date) .....

(If so, please send us the examination report)

Health certificate NWWA present?  No  Follows  Yes

Are you aware of any deficiencies of the horse?  No  Yes\*, namely .....

Has the horse ever been treated by a veterinary?  No  Yes\*, date and reason .....

\* If so, please send us the patient's report of the relevant veterinarian.

**5. Location of the horse**

Where is the horse currently stabled? .....

Quarantine address for transport .....

Transport by  Trailer/truck      Registration number .....

Airplane      Flight number .....

Ship      Passage .....

Transporter .....

Quarantine address destination and country .....

Description transport .....

Date departure ..... Date arrival .....

**6. Insurance**

Insured value \*€ ..... Cover:  Hippo   Hippo 

\* In case of a claim we calculate an excess of 10%.

**7. Other circumstances**

a. Have you or any of the other insured parties ever submitted a claim with an insurance company? (Please also answer this question if the damage was uninsured.)  No  Yes

b. In the past 8 years, have you or another insured party ever been refused insurance, had insurance cancelled or been able to remain insured under special conditions? If so: when, by which insurer(s), which insurance(s) and due to what reason(s)?  No  Yes

c. In the past 8 years, have you or another insured party had any dealings with the police or judicial authorities, either as a suspect or offender?  No  Yes

d. Is there anything else you need to include about the insured risk or about you personally and/or the other insured parties that may be relevant to the assessment of this application? (If so, you can enclose this information in a sealed envelope addressed to the Board of Management of Hippo Horse Insurance.)  No  Yes

e. Have you, or any other people you wish to co-insure, for example your family members or housemates, in the past 5 years been declared bankrupt, involved in debt restructuring or has the Judge granted you suspension of payment?  No  Yes

If so, please state company and policy number: .....

f. Have you, or any other people you wish to co-insure, for example your family members or housemates, in the past 8 years been involved in insurance fraud or in deliberately misleading a financial institution?  No  Yes

If so, please state company and policy number: .....

g. Has the bailiff currently seized any revenue or property of you or of any other people you wish to co-insure, for example your family members or housemates?  No  Yes

If so, please state company and policy number: .....

**8. How did you find Hippo Horse Insurance?**

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**Privacy statement**

More information about our privacy statement can be found on our website [HippoHorseInsurance.com](http://HippoHorseInsurance.com)

**Important reservation!**

The cover is subject to the outcome of an information check at the CIS Foundation in The Hague and the Compliancy Check of ABZ. In accordance with responsible acceptance policy and to ensure compliance with sanction legislation, your details will be checked. In addition, the cover is subject to the condition that there are no outstanding premium payments.

**Signature**

I, the undersigned, hereby declare that I have given full and true answers to the above questions. I further declare that I shall accept the policy drawn up in accordance with this application and shall pay the premium and costs owed for the policy. I am aware that I can view the General Terms and Conditions and special conditions of the insurances I apply for at [HippoHorseInsurance.com](http://HippoHorseInsurance.com)

I shall receive these together with the policy. Upon request, the General Terms and Conditions can be forwarded to me. I further declare that I am aware of the contents of the cover(s) and insurance(s) I have applied for.

Insurance adviser:
Hippo Horse Insurance client number:

Signature of policyholder .....

Date ..... Place .....

**Other details:**

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