



Application for funeral insurance

EHAVFU-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 fulfill or to fulfill 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

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: private individual
 business: Chamber of Commerce number.....

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


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
Characteristics.....
Height by measuring stick less than 1.20m Between 1.20m and 1.48m more than 1.48m
*The age is determined according to the horse's teeth if the precise date of birth is unknown.


3. 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, namely.....


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

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

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

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

 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

Note. Concealing or withholding information may result in no entitlement to insurance benefits (see also Disclosure Obligation)

4. Preferred premium payment

Premiums will be paid to: Hippo 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.

5. 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

6. 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).

