



Application for/change Saddle, Trailer/horse-drawn vehicle insurance

EHAVFZ-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	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	BIC number
I hereby voluntarily accept e-mail as one form of communication	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Details of items to be insured (cover can start after receipt of an invoice or valuation report)

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

In the case of a saddle:

a. Have you marked/chipped the saddle?	<input type="checkbox"/> No <input type="checkbox"/> Yes, in this way
b. Do you own the saddle?	<input type="checkbox"/> Yes <input type="checkbox"/> No, the owner is
c. Where is the saddle?	
d. Is the saddle rented out or loaned to third parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Specification saddle:

Brand	Factory number
Model	Size
Color	Age
Date of purchase	Insured value €

In the case of a trailer/horse drawn vehicle:

a. Do you own the trailer/horse-drawn vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No, the owner is
b. Where is the trailer/horse-drawn vehicle usually parked?	
c. Is it ever rented out or loaned to third parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Specification trailer / horse-drawn vehicle:

Brand	Factory number
Model	Size
Color	Age
Date of purchase	Insured value €

Please send by mail the digital photo's off all sides + details from the trailer/horse-drawn vehicle stating the relation number or zip code/ house number

3. Removed due to sale

Brand saddle / trailer / horse-drawn vehicle	Policy number	Date
Wish the new owner to take over the insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Who is the new owner? Address

Telephone number Zip code/city

4. Preferred premium payment

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

Frequency Yearly Half-yearly¹ Quarterly¹ Monthly²

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.

¹ 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).

7. 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.....