

# Change form for Collective horse Insurance

EHWFC-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.....	Customer number .....	Policy number.....
Name M/F .....	Date of birth .....	
Address .....	E-mail .....	
Zip code /city .....	Occupation / company .....	
Home telephone .....	You want insurance as a: <input type="checkbox"/> private individual	
Mobile phone .....	<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 horse/pony to be insured

01. 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 € ..... Health declaration left with inspection  Yes  No

### Insurance options

Hippo   Hippo   Hippo   Fire

02. 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 € ..... Health declaration left with inspection  Yes  No

### Insurance options

Hippo   Hippo   Hippo   Fire

03. 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 € ..... Health declaration left with inspection  Yes  No

### Insurance options

Hippo   Hippo   Hippo   Fire

04. 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 € ..... Health declaration left with inspection  Yes  No

**Insurance options**

Hippo   Hippo   Hippo   Fire

05. 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 € ..... Health declaration left with inspection  Yes  No

**Insurance options**

Hippo   Hippo   Hippo   Fire

**3. Modifications of the already insured horses**

Name horse ..... date ..... modification .....

Name horse ..... date ..... modification .....

Name horse ..... date ..... modification .....

Name horse ..... date ..... modification .....

**4. Sold horses**

Name horse: ..... date .....

Name horse: ..... date .....

Name horse: ..... date .....

Name horse: ..... date .....

Name horse: ..... date .....

Name horse: ..... date .....

**5. Health of the horse**

Has any of the horses (recently) undergone a veterinary examination?

No  Yes\*  Clinically, on (date) .....

X-rayed on (date) .....

Is the horse in good health? (or have you observed any particular behaviour, such as eating poorly/slowly etc.)

Yes  No, horse ..... namely .....

Does the horse (with you and/or the previous owner) have or has had any ailments, diseases, symptoms and/or deficiencies?

No  Yes , horse ..... 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 , horse ..... date(s) and cause(s): .....

Has the horse ever had surgery (with you and/or the previous owner)?

No  Yes , horse ..... namely .....

Has the horse ever shown behavioural problems/stable vices (with you and/or the previous owner)?



No  Yes <sup>i</sup>, horse..... namely .....

Does the horse have allergies/summer eczema?

No  Yes <sup>i</sup>, horse..... namely .....

<sup>i</sup> 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, horse..... in the year/years .....

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

Yes, horse..... through embryo transplant

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

**N.B. With a view to inspection by Hippo Horse Insurance, always complete and according to the current situation.**

In the case of new horses to be insured, a copy of the registration certificate, which must be clearly legible, is sufficient. Please send with a signed application form in which any missing data have been filled in, with a reference to the annex.

**Privacy statement**

More information about our privacy statement can be found on our website HippoHorseInsurance.com

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 .....

Signature of Hippo Horse Insurance .....

Date .....