

Application for Collective Horse Insurance

EHAVFC-011120

Return address: Keetgracht 1 • 1811 AM Alkmaar • T +31(0)73 6419419 • info@hippohorseinsurance.nl

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 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. Insurance options

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

Hippo  Hippo  Hippo  Fire




3. Veterinarian

Who is your veterinarian?

Address / City


4. Preferred premium payment

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

Frequency Yearly Half-yearly  Quarterly  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.

 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 : Keetgracht 1 Postal code : 1811 AM

City : Alkmaar 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 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

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) No Yes

Please note: Failing to disclose or withholding information may result in non-payment of damages (see Duty of Disclosure).

7. How did you hear about Hippo Horse Insurance ?

8. Details of horse/pony to be insured

01. Name horse Breed Color

Date of birth Sex Stallion Gelding Mare

Stud book number Height by measuring stick 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 (for the acceptance requirements and the contents of the conditions, please refer to HippoHorseInsurance.com)

Hippo  Hippo  Hippo  Fire

02. Name horse Breed Color

Date of birth Sex Stallion Gelding Mare

Stud book number Height by measuring stick 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 (for the acceptance requirements and the contents of the conditions, please refer to HippoHorseInsurance.com)

Hippo  Hippo  Hippo  Fire

03. Name horse Breed Color

Date of birth Sex Stallion Gelding Mare

Stud book number Height by measuring stick 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 (for the acceptance requirements and the contents of the conditions, please refer to HippoHorseInsurance.com)

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04. Name horse Breed Color

Date of birth Sex Stallion Gelding Mare

Stud book number Height by measuring stick 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 (for the acceptance requirements and the contents of the conditions, please refer to HippoHorseInsurance.com)

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05. Name horse Breed Color

Date of birth Sex Stallion Gelding Mare

Stud book number Height by measuring stick 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 (for the acceptance requirements and the contents of the conditions, please refer to HippoHorseInsurance.com)

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06. Name horse Breed Color


Date of birth Sex Stallion Gelding Mare

Stud book number Height by measuring stick 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 (for the acceptance requirements and the contents of the conditions, please refer to HippoHorseInsurance.com)

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07. Name horse Breed Color

Date of birth Sex Stallion Gelding Mare

Stud book number Height by measuring stick 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 (for the acceptance requirements and the contents of the conditions, please refer to HippoHorseInsurance.com)

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08. Name horse Breed Color

Date of birth Sex Stallion Gelding Mare

Stud book number Height by measuring stick 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 (for the acceptance requirements and the contents of the conditions, please refer to HippoHorseInsurance.com)

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09. Name horse Breed Color

Date of birth Sex Stallion Gelding Mare

Stud book number Height by measuring stick 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 (for the acceptance requirements and the contents of the conditions, please refer to HippoHorseInsurance.com)

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10. Name horse Breed Color


Date of birth Sex Stallion Gelding Mare

Stud book number Height by measuring stick 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 (for the acceptance requirements and the contents of the conditions, please refer to HippoHorseInsurance.com)

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9. Health of the horses

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 , horse namely

Does the horse have allergies/summer eczema?

No Yes , horse 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, 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 the inspector, 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 inspector Date