



# Application for foetus insurance

EHAVFV-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.

An unborn foal can be insured from 90 days after the last service date up to seven days after the birth. The insured value is established on the basis of the stud fee, which you can increase up to 2.5 times subject to a maximum of € 4.500,-. The premium is 9.5% of the insured value. In the event of damage, 100% is reimbursed.

For the General and Special Terms and Conditions, please visit our website [HippoHorseInsurance.com](http://HippoHorseInsurance.com)

If, at the time the insurance takes effect, no recent statement has been issued by a veterinarian attesting to the mare being in foal, and based on a recent scan or recent tactile examination of the mare, Hippo Horse Insurance will not make any compensation payment if the mare proves not to be carrying. A fetus insurance taken out for older mares (aged 20 and over), death of the fetus other than due to the foal being dropped/lost is excluded from the cover.

## 1. Policyholder

### Effective/modification

date.....	Customer number .....	Policy number .....
Name M/F .....	Date of birth .....	E-mail .....
Address .....	Occupation / company .....	You want insurance as a:
Zip code /city .....	IBAN number .....	<input type="checkbox"/> private individual <input type="checkbox"/> business: Chamber of Commerce number .....
Home telephone .....	BIC number .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile phone .....	I hereby voluntarily accept e-mail as one form of communication	

## 2. Details of the mare

Name horse .....	Date of birth .....
Breed .....	Color .....
Markings .....	Studbook number .....
	Chip number .....
Name of stud-horse .....	Expected date of birth .....
Stud fee € .....	Insured value € .....
Is this the first time your mare has been in foal?	<input type="checkbox"/> Yes <input type="checkbox"/> No, please answer the following questions.
Has the mare ever had a premature birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the mare ever had a dead foal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the mare ever miscarried?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the carrying mare offered for insurance on this form ever experienced abnormal circumstances during of afterbirth, such as abnormal delivery, ejection of the uterus or laminitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what were the circumstances and when did they occur? .....	
Is the mare having a twin pregnancy?	<input type="checkbox"/> No <input type="checkbox"/> Yes, insurance is not possible
Has the mare been under treatment by a veterinarian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what was the cause of disease and when did this occur? .....	
Is the mare also insured with Hippo Horse Insurance ?	<input type="checkbox"/> No <input type="checkbox"/> Yes, policy number .....
How many carrying mares do you own? .....	

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

### 3. Premium

The premiums will be paid to:  Hippo Horse Insurance  The insurance adviser

The premiums will be paid by:  Note  Direct debit\*

\* If you choose to pay the premium by direct debit, you need to complete and send us the attached SEPA authorisation form.

### 4. SEPA Direct Debit Mandate

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 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.

As part of your rights, you are entitled to a refund from your bank under terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Ask your bank for the conditions.

Place ..... Date ..... Signature .....

### 5. 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).



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**6. Finally**

How did you hear about 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 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:
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Signature policyholder .....

Date ..... City .....