

Certificate of birth

EHGF-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 (You have to fill in undermentioned otherwise it is not possible to insure.)

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.

I hereby voluntarily accept e-mail as one form of communication Yes No

2 Details of foal

Name foal..... Sex Stallion Mare

Date of birth..... Breed / descent.....

Colour..... Stud book number.....

Chip number.....

Stable name..... Address of stable*.....

Telephone stable address..... *Always state the current situation to allow a visit by our inspector.

3 Insurance conditions (for the acceptance requirements and the General and Special Terms and Conditions, please visit our website HippoHorseInsurance.com)

Do you wish to take out ongoing insurance for the foal? Yes No

This can be done from the 7th day after birth. You have the choice from among the forms of insurance mentioned below.

Insured value €

Insurance options

Hippo 

Hippo 

Hippo 

Additional Sickness insurances

Hippo Plus

Hippo Bronze

Additional options

Theft

Civil liability

Funeral

4 Health of the foal

Has your foal (recently) undergone a veterinary examination? No Yes* Clinically, on (date).....


Is your foal in good health? (or have you observed any particular behavior, such as drinking poorly/slowly etc.)

Yes No, namely.....

Does the foal have or has had any ailments, diseases, symptoms and/or deficiencies?


No Yes , namely.....

Has the foal been seen or treated by a veterinarian, therapist and/or other veterinary professional?

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

Has the foal had surgery?

No Yes , namely.....

 If you have answered yes to any of the questions above, please include medical examination report(s) and/or report (s) of responsible veterinarian(s)/therapist(s) and/or veterinary professional.

