

## Application for/change Horse Insurance

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

1. Policyholder		Effective/modification date				
Name M/F		Customer number	Policy number			
Address		Date of birth				
		E-mail				
IBAN numberBIC number		□ business: Chamber of Commerce numberls there a right to deduct VAT? □Yes □No				
Please note: if several persons w	vish to insure the same horse, please comple	te an application form per policyholder.				
I hereby voluntarily accept e-	-mail as one form of communication	□Yes □No				
2. Details of horse/pony to Name horse	be insured	Breed	Colour			
Date of birth		Sex 🗆 Stallion 🗅 Gelding 🗅 Mare	Height by measuring stick			
Stud book number		Descent				
Chip number		9 9				
From whom did you purchas	e the horse?		/ Jumping / Driving / Western			
•		Purchase price €				
·		Address of stable*				
Telephone stable address						
*Always state the current situation	on, to allow a visit by our inspector.					
3. Insurance conditions						
· · ·	nents and the General and Special Tern	ns and Conditions, please visit our webs 	site Hippo <mark>Horse</mark> Insurance.com			
Insurance options ☐ Hippo☆	□ Hippo☆☆	□ Hippo <mark>☆☆☆</mark>	□ Hippo <mark>☆☆☆</mark> ☆			
Additional Sickness insuran  ☐ Care Plus	ces □ Care Silver	☐ Care Bronze	☐ Care Gold			
Additional options  ☐ Theft	☐ Civil liability	☐ Funeral				
Other insurance policies:						
☐ Stud horses	□incl. art. insem. with fresh semen	□incl. art. insem. with fresh semen				
☐ Stud horse insurance Plus	☐ inc. artif. insem. with fresh semen	☐ inc. artif. insem with frozen semen				
☐ Foetus <sup>⑤</sup>	☐ Embryo <sup>1</sup>					
☐ Saddle <sup>⑤</sup>	☐ Horse-drawn vehicles	☐ Trailer				
If you select a Foetus. Embry	o, Saddle, Trailer/horse-drawn vehicle and/o	or horse-trailer/truck insurance, we will send yo	ou an additional application form.			



4. Health of the horse	ndergone a veterinary examina	tion? □ No	☐ Yes*	☐ Clinically, on (date)
Thas your horse (recently) un	acigone a veterinary examina	don: <b>110</b>	<b>□</b> 1€3	□ X-rayed on (date)
le your horse in good health	n? (or have you observed any p	particular behaviour	such as as	•
is your noise in good nearti	1: (or have you observed any p	□ Yes		ting poorly/slowly etc./
Does the horse (with you ar	od/or the previous owner) have		· ·	ases, symptoms and/or deficiencies?
Does the horse (with you ar	la/of the previous owner, have	□ No		, namely
Has the horse (with you are	Var the provious owner) over h			rinarian, therapist and/or other veterinary professional?
rias the horse (with you and	nor the previous owner, ever b			·
		□No		, date(s) and cause(s):
_	gery (with you and/or the previ			, namely
Has the horse ever shown b	pehavioural problems/stable vid	ces (with you and/or		
		□ No		, namely
Does the horse have allergi	es/summer eczema?	□ No	🗆 Yes 🤨	, namely
● If you have answered ye	s to any of the questions abov	e, please include m	edical exar	nination report(s), X-rays and/or report (s)of responsible
veterinarian(s)/therapist(s) a	nd/or veterinary professional.			
In the case of a mare:				
Has your mare ever raised	a foal?	□ No	☐ Yes, ir	n the year/years
Is your mare currently in foa	al?	□ No	☐ Yes, t	hrough natural mating / art. insemination
				rrough embryo transplant
5. Number of horses How many horses do you o	wn in total?			
	ses in the past 24 months?	<b>N</b> o	☐ Yes	
· · · · · · · · · · · · · · · · · · ·	and cause of each loss			
				ne number
6. Preferred premium pay	 ment			
Premiums will be paid to:	☐ Hippo Horse Insurance	☐ The agent	By means	s of Invoice Direct debit <sup>1</sup>
Frequency	☐ Yearly	☐ Half-yearly  ☐		☐ Quarterly ☐ ☐ Monthly <sup>2</sup> ☐
	, and the second	, ,	f < € 300, or	nly yearly, half-yearly or quarterly payment are possible.
<sup>2</sup> Direct debit is required in case	e of monthly payment to Hippo Ho	rse Insurance.		
If you select payment by di	rect debit, you need to provide us	with a SEPA authorizat	tion form.	
7. SEPA Direct Debit Man	date			
IBAN number	***************************************		BIC num	ber
Name	: Hippo Horse Insurance		Б	1011 AM
Address City	: Keetgracht 1 : Alkmaar		Postal co Country	ode : 1811 AM : The Netherlands
Creditor identifier	: NL73ZZZ160660080000		Country	. The Neuterlands
Mandate reference	:	This	is aiven b	y Hippo Horse Insurance.
Reason for authorization	: Payments for insurances / s		J	′ ' ' ' '
By signing this mandate f	orm, you authorize:			
	ce to send recurrent collection	instructions to your	bank to de	bit your account
and		,		,
<ul> <li>your bank to debit yo</li> </ul>	ur account on a recurrent basis	s in accordance with	the instru	ctions from Hippo Horse Insurance.
	his direct debit you may reque quire with your bank about the			ur bank within 8 weeks starting from the date on which your
				Signature



8. Other circumstances			
a. Have you previously sub			
(Please also answer if dar	mage was not insured)	□ No	☐ Yes
b. In the past 8 years have y conditions?	you been refused insurance, had insurance cancelled, not renewed or been able to ren	nain insured only subje	ect to special
If so, please state the cor	mpany 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 y	you had any dealings with the police or judicial authorities, either as a suspect or in cor	nnection with a sentence	ce 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 navmer	nts?
d. In the past 5 years, have	you been declared bankrupt, involved in debt restrictioning of has the court approved	□ No	☐ Yes
		If	حادید:
of company and policy n	you been involved in insurance fraud or deliberate deception of a financial institution?	it yes, piease provide	☐ Yes
or company and policy in	umber.	110	□ 1es
f la vous is soons or on v of v	our assets currently under seizure?	□ No	☐ Yes
i. is your income or any or yo	Juli assets currently under seizure:	<b>1</b> 100	□ res
a Is there any other informa	ation about the insured risk or about you personally that may be relevant to the assessr	mont of this application	2 If yos
	eferred, you may enclose this information in a sealed envelope addressed to the Board		
Insurance)		□ No	☐ Yes
Please note: Faili	ing to disclose or withholding information may result in non-payment of damages	(see Duty of Disclosu	re).
<ol><li>Finally</li><li>How did you hear about Hip</li></ol>	po 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 c	outcome of the data check with the CIS Foundation and the ABZ Compliance Check. Yo		
	ice policy and compliance with legislation on sanctions. Furthermore, cover is subject t	o there not being any	outstanding
premium.			
Signature			
	leclare that I have given full and true answers to the above questions.	naral and Caasial Tarm	ام م م
Conditions.	into (an) insurance contract(s) providing cover as selected by me and set out in the Ge	nerai and Speciai Term	is and
	ccept the policy (drawn up in accordance with this application) and shall pay the premi	iums and costs owed fo	or the policy.
I declare that I have been pro	ovided with a copy of the General and Special Terms and Conditions relating to the in-		
the applicability thereof and	that I have taken cognizance of said Terms and Conditions.		
Insurance adviser:			
	Signature policyholder		
Hippo Horse Insurance client number:	DateCity		