

## Certificate of birth

EHGF-011120

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

## **Duty of Disclosure**

veterinary professional.

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 Deliana Idas Wan kana ta fill ia mada			\ Effe	ective/modification				
1 Policyholder (You have to fill in unde date	ermentioned otherwise it is not p	ossible to in	sure.)	ective/modification				
		Custom	er number	Policy number				
			Date of birth					
		E-mail						
Home telephone								
'								
Mobile phone			·					
				□ business: Chamber of Commerce number				
Please note: if several persons wish to insu	· ·	<u>te an applica</u> □Yes		<u>cyholder.</u>				
I hereby voluntarily accept e-mail as one form of communication			□No					
2 Details of foal								
Name foal			□ Stallion	☐ Mare				
Date of birth		Breed / descent						
Colour		Stud bo	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.						
Do you wish to take out ongoing insu This can be done form the 7 <sup>th</sup> day afte Insured value €	er birth. You have the choice f		□   the forms of ins					
Innurance entires								
Insurance options	A A							
☐ Hippo☆	□ Hippo 🗘 🗘	☐ Hipp	ක්ත්ත					
Additional Sickness insurances								
☐ Hippo Plus	☐ Hippo Bronze							
Additional options								
☐ Theft	☐ Civil liability	☐ Fune	ral					
4 Health of the foal Has your foal (recently) undergone a	votorinan ovamination?	□ No	D Vos* D C	Slinically on (data)				
		havior, suc	□ No □ Yes* □ Clinically, on (date) avior, such as drinking poorly/slowly etc.) □ Yes □ No, namely					
Does the foal have or has had any ailr	ments, diseases, symptoms an		or deficiencies?					
Has the foal been seen or treated by	a veterinarian, therapist and/o		her veterinary professional?					
Has the foal had surgery?				mely				

💷 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



5 Preferred premium payn	nent							
Premiums will be paid to:	☐ Hippo	☐ The agent	By means of	☐ Invoice	☐ Direct debit¹			
Frequency	☐ Yearly	🗖 Half-yearly 🔨	🗖 Quarterly 🤨	☐ Monthly² <sup>⑤</sup>				
<sup>1</sup> A 6% surcharge applies to hal	f-yearly, quarterly ar	nd monthly payment. For p	oremiums of < € 300, or	nly yearly, half-yearly or qu	uarterly payment are possible.			
<sup>2</sup> Direct debit is required in case	e of monthly payme	nt to Hippo Horse Insuranc	ce.					
If you select payment by di	rect debit, you need	d to provide us with a SEPA	A authorization.					
SEPA Direct Debit Manda	te							
IBAN numberB			BIC number	BIC number				
Name	: Hippo Horse	Insurance						
Address	: Keetgracht 1		Postal code	: 1811 AI	M			
City	: Alkmaar		Country	: The Net				
Creditor identifier	: NL73ZZZ160	660080000	,					
Mandate reference	:	: This is given by Hippo Horse Insurance.						
Reason for authorization	: Payments for	insurances / services		· 11				
	,							
By signing this mandate for	m, you authorize:							
• •	e to send recurre	nt collection instruction	s to your bank to de	ebit your account				
and								
<ul> <li>your bank to debit yo</li> </ul>	ur account on a r	ecurrent basis in accord	lance with the instru	ctions from Hippo Hor	se Insurance.			
If you do not agree with this	s direct debit you	may have it reversed. F	Please contact your l	oank within 8 weeks af	ter the direct debit has taken place.			
Enquire with your bank abo			,		'			
Place			Date	Signature				
Privacy statement								
More information about our	r privacy stateme	nt can be found on our	website Hippo <mark>Horse</mark>	Insurance.com				
Important: reservation!								
	outcome of the d	ata check with the CIS F	Foundation and the	ABZ Compliance Chec	k. Your details will be assessed to ensure			
					nere not being any outstanding			
premium.	,			-,	g			
!								
Signature								
I, the undersigned, hereby	declare that I hav	e given full and true ans	swers to the above o	questions.				
I declare that I wish to enter	r into (an) insuran	ce contract(s) providing	cover as selected b	y me and set out in the	e General and Special Terms and			
Conditions.								
					remiums and costs owed for the policy.			
					ne insurance(s) I apply for, that I accept			
the applicability thereof and	d that I have taker	n cognizance of said Te	rms and Conditions.					
	$\neg$							
Insurance adviser: Signature of policyholder								
		•						
Hippo Horse Insurance	Date	P	lace					
client number:								