



Application form  
**ACCIDENT INSURANCE**  
For horse riders/carers of horses

The Insurance can only be taken out by persons, who have contracted horse Insurance with Hippo Zorg B.V. and have a permanent residence in The Netherlands and/or Belgium.

I am hereby applying for the Accident Insurance for riders/carers of horses.

Surname, initials	:	.....
Date of birth	:	..... Sex : <input type="radio"/> Male <input type="radio"/> Female
Address	:	.....
Postcode, town/city	:	.....
Private telephone number	:	.....
Private E-mail address	:	.....
Inception date requested	:	.....
Combination	:	..... (1 or 2 as indicated below)
Details of the horse	:	Name: ..... Sex: Mare/Stallion/Gelding: ..... Chip number: ..... Studbook number: .....
Horse insurance policy number	:	.....
Insurance intermediary	:	.....
Bank account number	:	.....

This Insurance is linked to the aforementioned horse Insurance and is solely subject to annual premium payment. This insurance is not valid until it is accepted by Hippo Zorg B.V., and the premium paid.

Insured amounts per occurrence	:Combination 1		Combination 2		
In the event of death .....	€	15.000,00	or	€	25.000,00
persons under the age of 16 .....	€	5.000,00	or	€	10.000,00
persons aged 70 and over .....	€	5.000,00	or	€	10.000,00
In the event of permanent total disablement .....	€	30.000,00	or	€	50.000,00
persons under the age of 16 .....	€	40.000,00	or	€	65.000,00
persons aged 70 and over .....	€	10.000,00	or	€	20.000,00
12-monthly premium, excluding charges and Insurance tax	€	20,00	or	€	30,00

The Accident Insurance for horse riders/carers of horses is ranged under W.A. Hienfeld Assuradeuren B.V., which settles any claims.



## **Explanatory notes regarding the duty to report**

As an applicant/potential policyholder, you are obliged to answer the questions put to you in the attached form as fully as possible. This also applies to facts or circumstances relating to a third party known to you at the time you contract this policy, and whose interests are jointly insured. When it comes to the answers given to these questions, it is moreover not only your own knowledge that is decisive, but also that of any interested parties in this insurance. Questions the answer to which you presume the insurers already to be familiar with should nonetheless be answered as comprehensively as possible. Facts and circumstances that come to your attention after you have sent in this application form, but before the insurers have notified you of a final decision as to whether or not the risks offered for insurance will be insured, should nonetheless be reported to the insurers, if these facts and circumstances fall under the questions in the application form.

Failure to observe your duty to report, or only partial observance thereof may lead to entitlement to payment being limited or even lapsing. The insurers also have the right to cancel the insurance if an incorrect presentation of the facts relating to the insured risk was deliberately given, or if the insurers would never have contracted the insurance had they been aware of the true state of affairs.

## **Duty to report and disputes** (see also the explanatory notes regarding the duty to report)

Has an application for insurance lodged by you ever been rejected by an insurance company or only contracted on the basis of conditions other than normal conditions, or has a company ever refused to extend your insurance, cancelled it prematurely, or renewed it only on the basis of conditions other than normal conditions?

no  yes, for what reasons(s) and what was the company in question?

Have you anything else to report that could be of importance for the assessment of this application (such as a criminal conviction in the last eight years or penal offences that have brought you into contact with the police or the judiciary)?

no  yes, please explain

Personal details and where necessary other data are requested when you apply for this insurance. These are processed by Hippo Zorg B.V. for the purpose of the contracting and/or performance of the insurance contract and/or any financial settlement(s) relating thereto and the management of the relations arising therefrom, including the prevention and combating of fraud. The code of conduct for the "Processing of Personal Details in Financial Institutions" is applicable.

With regard to a sound acceptance policy, the insurers may consult your details at the Stichting CSI (Central Claims Information System Board) in Zeist. The purpose of this is to manage risks and combat fraud. The privacy regulations of the Stichting CIS are applicable. Go to [www.stichtingcis.nl](http://www.stichtingcis.nl).

Disputes and/or complaints arising from a contract of insurance contracted on the basis of this application and the data contained therein, may be submitted to:

- the management of W.A. Hienfeld B.V., P.O. Box 75133, 1070 AC Amsterdam
- the Office for Complaints in the Financial Services Industry (KiFID), P.O. Box 93257, 2509 AG Den Haag.

Dutch law applies to a contract of insurance to be taken out.

## **Signature:**

Signature of the person taking out the insurance: .....

Date : : .....

Place name: : .....