



Certificate of birth

Customer number _____ Policy number _____
Name _____ (Post Office) Bank account number _____
Address _____ Phone number _____
Zip code _____ Fax number _____
Town/City _____ E-mail _____

Details of foal

Name _____ Breed _____
Parentage _____ Marking _____
Colour _____
 Stallion Mare Date of birth _____ Insured value € _____

Where is the foal stabled? ¹

Name _____ Zip code /Town /City _____
Address _____ Telephone _____

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, at the annual premium stated for each:

<input type="checkbox"/> Death	3.25%	Draught horses	4.50%
<input type="checkbox"/> Surgery	1,6% + € 200,-		
<input type="checkbox"/> Comfort	1,6% + € 350,-		
<input type="checkbox"/> Death/Accidents	4.00%	Draught horses	5.50%
<input type="checkbox"/> ODA	5.00%	Draught horses	6.75%
<input type="checkbox"/> Comprehensive insurance	up to € 2,500	Draught horses	8.75%
	up to € 3,500	Draught horses	10.00%
	up to € 4,500	Draught horses	10.75%

Combined insurance _____

Additional insurance

Limited sickness insurance € 100,- Comprehensive sickness insurance € 200,- Theft 0,6 %

Health of the foal

Are you aware of any deficiencies of the foal? No Yes, namely _____
Has the foal been treated by a veterinarian? No Yes, reason: _____

Payment of premiums

The premium will be paid per: Year Six-month period² Quarter² Month²
Payment of the premium will be effected to: Hippo Zorg The advisor
If your payment is made to Hippo Zorg: Giro slip Direct debit³

Fill in your Post Office Bank or bank account number: _____

If you opt to effect payment to Hippo Zorg on a monthly basis, direct debit is obligatory.

¹ With a view to the visit by our inspector, always fill in according to the current situation.

² In the event of payment per six-month period, per quarter or per month, interest of 6% is charged on the annual premium.

³ Authorisation for direct debit on the Post Office Bank or bank account number is given by signing this application/amendment.

Town/City _____ Date _____

Signature of policyholder _____