



Application for Embryo insurance

EAEV-200516

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.

Xcellent Horse Insurance B.V. offers you a choice to insure an embryo, the transplantation costs, stud fee and/or the surrogate mare.

This insurance is possible from 45 days after the last transplantation date. The insurance is up to 7 days after the birth of the foal.

The coverage of the embryo / foal up to 7 days after birth is in accordance of the Embryo insurance. In the event of damage, 85% of the insured value of the embryo/foal is reimbursed. The surrogate mare is insured based on a Xcellent Horse ★. The compensation of the surrogate mare is 100% of the insured value.

For the General and Special Terms and Conditions, please visit our website: www.Xcellenthorse.nl. View our acceptance requirements under "Underwriting". The conditions can be found under "Download".)

If, at the time the insurance takes effect, no recent statement has been issued by a veterinarian attesting to the mare being in foal, and based on a recent scan or recent tactile examination of the mare, Xcellent Horse Insurance B.V. will not make any compensation payment if the mare prove not to be carrying. An XH Embryo insurance taken out for older mares (aged 20 and over), death of the embryo other than due to the foal being dropped/lost is excluded from the cover.

1 Policyholder

Name M/F
Address
Zip code /city
Home telephone
Mobile phone

IBAN number

I hereby voluntarily accept e-mail as one form of communication

Effective/modification date

Customer number Policy number

Date of birth

E-mail

Occupation / company

You want insurance as a: private individual
 business: Chamber of Commerce number

BIC number

Yes No

2 Details of the donor mare

Name horse

Studbook number

Breed

3 Details of the embryo

Name of stud-horse

Breed

Studbook

Stud fee €

Date of transfer

Performed by

Expected date of birth

4 Details of the surrogate mare

Name horse

Parentage

Studbook number

Year of birth

Color

Chip number

5 Insured value & premium

Embryo transplantation costs €

Stud fee €

The premium is 10% of the insured value.

If the total insured value of the stud fee and the transplantation costs > € 8.500,- the premium is on demand.

Surrogate mare € The premium is 3,25%. The premium is exclusive € 10,- policy fees and insurance tax.

6 Additional details surrogate mare

Are you the owner of the surrogate mare?

Yes No, please mention the details of the owner:

Where is the surrogate mare stabled during gestation and lactation?

Is this the first time the mare has been in foal?

Yes No, please answer the following questions.

Xcellent Horse Insurance B.V.

Europalaan 14a, 5232 BC 's-Hertogenbosch NL | P.O. Box 2300, 5202 CH 's-Hertogenbosch NL

T +31 73 6 419 419 | info@Xcellenthorse.com | www.Xcellenthorse.com

IBAN NL59ABNA0631666117 | BIC ABNANL2A | Chamber of Commerce 16066008 | AFM 12017807

Xcellent Horse Insurance B.V. is a part of W.A. Hienfeld Holding B.V.



- Has the mare ever had a premature birth? Yes No
- Has the mare ever had a dead foal? Yes No
- Has the mare ever miscarried? Yes No
- Has the carrying mare offered for insurance on this form ever experienced abnormal circumstances during of afterbirth, such as abnormal delivery, ejection of the uterus or laminitis? Yes No
- If so, what were the circumstances and when did they occur?
- Is the mare having a twin pregnancy? No Yes, insurance is not possible
- Has the mare been under treatment by a veterinarian? Yes No
- If so, what was the cause of disease and when did this occur?
- Is the mare also insured with Xcellent Horse Insurance? Yes, policy number..... No
- How many carrying mares do you own?

Note. Concealing or withholding information may result in no entitlement to insurance benefits (see also Disclosure Obligation)

7 Premium payment

The premiums will be paid to: Xcellent Horse Insurance The agent

8 SEPA Direct Debit Mandate

Name : Xcellent Horse Insurance B.V.
Address : Postbus 2300 Postal code : 5202 CH
City : 's-Hertogenbosch Country : The Netherlands
Creditor identifier : NL73ZZZ160660080000
Mandate reference : This is given by Xcellent Horse Insurance B.V..
Reason for authorization : Payments for insurances / services

By signing this mandate form, you authorize:

- Xcellent Horse Insurance B.V. to send a one-off collection instructions to your bank to debit your account and
- your bank to debit your account in accordance with the instructions from Xcellent Horse Insurance B.V.

As part of your rights, you are entitled to a refund from your bank under terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Ask your bank for the conditions.

Place Date Signature

9 Other circumstances

- a. Have you previously submitted a claim with an insurance company? If Yes, please provide details about date, cause and extent of damage. (Please also answer if damage was not insured) No Yes
- b. In the past 8 years have you been refused insurance, had insurance cancelled, not renewed or been able to remain insured only subject to special conditions ?
If so, please state the company 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 you had any dealings with the police or judicial authorities, either as a suspect or in connection with a sentence 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 payments? No Yes
- e. In the past 8 years, have you been involved in insurance fraud or deliberate deception of a financial institution? If yes, please provide details of company and policy number: No Yes
- f. Is your income or any of your assets currently under seizure? No Yes
- g. Is there any other information about the insured risk or about you personally that may be relevant to the assessment of this application? If yes, please provide details. (if preferred, you may enclose this information in a sealed envelope addressed to the Board of Management of Xcellent Horse Insurance B.V.) No Yes

Please note: Failing to disclose or withholding information may result in non-payment of damages (see Duty of Disclosure).

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8. Finally

How do you hear about Xcellent Horse Insurance B.V.?

Privacy

Upon application and/or change of this insurance contract we require your personal data and other information. We process this information in our administration. Upon application and/or change of an insurance contract or when submitting a claim, we may request access to your claim and insurance data from the Central Information System Foundation of insurance companies operating in the Netherlands (CIS). We may also consult public sources, where we obtain and process personal data.

With the aim of:

- assessing and accepting you and/or the insured. For this purpose, we/the underwriters make use of a CDD investigation (CDD means Customer Due Diligence, or "know your customer") based on the FISH (Fraud Information System Holland) database;
- the execution of agreements;
- conducting targeted marketing activities and targeted offers;
- compliance with statutory requirements;
- conducting statistical and scientific analyses;
- conducting fraud checks and compliance with (sanctions) laws and regulations by means of the FISH database and the Compliance Check.
- to keep you informed of our products and services.

If you do not wish to receive any personal offers, please let us know.

You may view your personal data we have recorded and have it changed by us. More information about how we process personal data can be found on www.XcellentHorse.com under Privacy Statement.

When submitting a claim, we record related information and your personal data with the CIS Foundation. Irrespective of whether the damage was caused by you and whether it was insured. Do we cancel your insurance if you have committed fraud or if you failed to fulfil your contractual obligations, e.g. not having paid your premium? We may also record this, together with your personal data, with the CIS Foundation. If we do this, we will inform you accordingly. This way, we aim to manage risks and prevent fraud. More information and the privacy regulations of the CIS Foundation can be viewed at www.stichtingcis.nl.

We process your personal data in accordance with the Data Protection Act and we comply with the Code of Conduct for Processing Personal Data by Financial Institutions. This code of conduct can be requested via www.verzekeraars.nl.

Disputes

Complaints procedure:

Complaints relating to (the execution of) this insurance contract or from any requests preceding them may be submitted to:

The Board of Directors of W.A. Hienfeld B.V.,

Postbus 75133, 1070 AC Amsterdam;

Underwriters prefer that a complaint is submitted by letter or e-mail (info@hienfeld.nl).

If the complaint cannot be resolved to the satisfaction of the applicant (provided he/she is considered a consumer) within three months of finalization of the complaint by W.A. Hienfeld B.V., the complaint may be submitted to:

KiFiD (Financial Services Complaints Board)

Postbus 93257, 2509 AG Den Haag.

Disputes in connection with this insurance contract shall be submitted to the competent court, unless the parties agree on a different method of conflict resolution, such as mediation or arbitration.

Important: reservation!

The (provisional) cover is subject to the outcome of the data check with the CIS Foundation and the ABZ Compliance Check. Your details will be assessed to ensure responsible acceptance policy and compliance with legislation on sanctions. Furthermore, (provisional) cover is subject to there not being any outstanding premium.

Signature

I, the undersigned, hereby declare that I have given full and true answers to the above questions.

I declare that I wish to enter into (an) insurance contract(s) providing cover as selected by me and set out in the General and Special Terms and Conditions.

I further declare that I shall accept the policy (drawn up in accordance with this application) and shall pay the premiums and costs owed for the policy.

I declare that I have been provided with a copy of the General and Special Terms and Conditions relating to the insurance(s) I apply for, that I accept the applicability thereof and that I have taken cognizance of said Terms and Conditions.

Signature policyholder

Date City

Insurance adviser:

Xcellent Horse Insurance
B.V. client number:

After completing and signing this application form, please send or (scan and) e-mail to the address below.

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