

Application Form XH Embryo Complete

BEXHACV-010118

Disclosure Obligation

The insurance agreement is governed by the law of Belgium. 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 the option to insure the embryo and the surrogate mare. This insurance can be taken out from 45 days after the last transplantation date. The maximum insurance period is 150 days after the birth of the foal for an insured value of € 2,800. The insured value of € 2,800 may be increased to € 5,600 after receipt and acceptance of the birth notification. The cover of the embryo/foal is valid up to 7 days after birth in accordance with the Embryo Insurance. Benefit for the embryo/foal amounts to 85% of the insured value in the event of a claim. After the 7th day the payment of the foal amounts to 100% of the insured value in accordance with the Xcellent Horse ★. The surrogate mare is insured on the basis of an Xcellent Horse. ★. Benefit for the surrogate mare is 100% of the insured value.

If upon commencement of the insurance no recent in-foal declaration has been issued by a veterinarian based on a recent scan or recent palpation of the mare, Xcellent Horse Insurance B. V. will not make any payment if the mare is not in-foal.

An XH Embryo Complete Insurance, effected in respect of older mares (from the age of 20 years) excludes cover of death of the foetus other than by birth or miscarriage.

1. Policyholder

Effective date _____

Name M/F _____ Customer number _____

Street _____ Postcode / City _____ Country _____

Date of birth _____ E-mail _____

Home telephone _____ Occupation / Company _____

Mobile phone _____ You want insurance as a Private individual

IBAN number _____ BIC number _____ Business, company number required _____

2. Donor mare details

Name of horse _____ Breed / Lineage _____

Stud book number _____

3. Embryo details

Name of stud _____ Date of transplantation _____

Breed / Lineage _____ Performed by _____

Studbook _____ Expected date of birth _____

Stud fees € _____

4. Surrogate mare details

Name of horse _____ Year of birth _____

Breed / Lineage _____ Colour _____

Stud book number _____ Chip number _____

5. Insured value % premium (for the General and Special Terms and Conditions, please visit our website: www.Xcellenthorse.com)

The conditions can be found under "Download").

Insured value surrogate mare	up to 150 days after the birth of the foal	€ 900
Insured value unborn foal	up to 7 days after the birth of the foal	€ 2,800
Insured value 7th day up to and including 150 days after birth		€ 5,600 (stating acceptance birth notification)

Total premium € 575, including costs and insurance tax.

6. Additional surrogate mare details

Are you the owner of the surrogate mare? Yes No, please provide details of owner:

What is the address of the stable of the surrogate mare during the gestation and nursing period?

Is this the first time the surrogate mare is in-foal? Yes No, please answer the following questions:

Has the surrogate mare ever had a premature birth? Yes No

Has the surrogate mare ever given birth to a dead foal? Yes No

Has the surrogate mare ever had a miscarriage? Yes No



Have there been any abnormal circumstances such as abnormal birth, removal of the uterus or laminitis, before, during or after the birth in respect of the mare in-foal to which this insurance application form relates? Yes No

If so, in which circumstances and when?

Is the surrogate mare gestating twins? Yes, insurance is not possible No

Has the surrogate mare been treated by a veterinarian? Yes No

If so, for what cause of disease and when?

Has the surrogate mare been insured by Xcellent Horse Insurance B.V.? Yes, under which policy number..... No

How many surrogate mares do you own?

7. Premium payment

The premiums will be paid to Xcellent Horse Insurance B.V. The insurance adviser

8. One-off SEPA authorization

Name : Xcellent Horse Insurance B.V.

Address : Postbus 2300 Postcode : 5202 CH

City : 's-Hertogenbosch Country : The Netherlands

Payee ID : NL73ZZZ160660080000

Authorization reference : Issued following receipt by Xcellent Horse Insurance B.V.

Authorization reason : Payments for insurances/services.

By signing the above you authorize:

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

If you do not agree with this direct debit you may request a refund. Please contact your bank within 8 weeks starting from the date on which your account was debited.

Enquire with your bank about the terms and conditions

City 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

10 Finally

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

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



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 Compliancy 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 Act of 8 December 1992 for the protection of privacy with regard to processing personal data and European privacy regulations.

Disputes

Complaints procedure:

Complaints relating to (the implementation of) this insurance contract or from any requests preceding them may in the first instance 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).

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 in The Hague and the ABZ Compliancy 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.

Insurance adviser:

Xcellent Horse Insurance
B.V. client number:

Signature policyholder

Date City

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

Xcellent Horse Insurance B.V.

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

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