POWER BOAT RACING QUESTIONNAIRE

Name				Date of Birth (dd	l/mmm/yy)	Application #		
Check type of vehicle raced:								
	O Mono hull O Twin hull O Hydroplane O Thunder boat O Jet boat O Speedboat O Other (specify)							
	Please specify type of craft, model & year for each category:							
2.	2. Type of racing done or anticipated (offshore, sports boat, drag, record attempts etc.):							
	What division or class do you raso in?							
	What division or class do you race in?							
	Locations:							
	Handland have you have active in which are and							
	How long have you been active in this sport? Nature of participation: O Recreational O Competitive O Sponsored O Amateur O Professional							
	Nature of participation.		· ·	· · · · · · · · · · · · · · · · · · ·	Amateur	O FIO	essional	
	Type of racing	# of races	# of races I – 2 years ago	Anticipated Next 12 months	Average speed	Maximum spe	eed Average distance	
3.	Who owns the equipment?							
	Who maintains the equipment? Are you a member of a racing club or association? O Yes O No If yes, please give details below.							
	Are you a member of a facing club of association: O les O NO II yes, please give details below.							
	Have you ever had an accident, injury or mishap related to your activity? O Yes O No If yes, please give details below.							
	Do you intend to change the nature of your racing activities in the next 24 months? O Yes O No If yes, please give details below.							
4.	Check type of policy desired:							
	O Full coverage subject to extra premium if required							
I hereby declare that the above answers are complete and true, and agree that they shall form part of my application for the policy requested.								
Signature of Applicant				Signature of Witness			Date (dd/mmm/yy)	
X			X					



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