

# MOTOR SPORTS QUESTIONNAIRE

<b>Name</b>	<b>Date of Birth (dd/mmm/yy)</b>	<b>Application #</b>
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**1.** Check type of vehicle raced:  Automobile  Motorcycle  Other (specify)

Please specify type of vehicle, model & year for each category:

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**2.** Type of racing done or anticipated (circuit, drag, formula, rallies, speedway, stock car, time trials etc.):

On what type of track do you race (e.g. oval, simulated road, ice)?

How long have you been active in this sport?

Nature of participation:  Recreational  Competitive  Sponsored  Amateur  Professional

Fuel used:  Regular  Jet  Exotic  Other (specify) \_\_\_\_\_

Type of racing	# of races 1 – 2 years ago	# of races Last 12 months	Anticipated Next 12 months	Average speed	Maximum speed	Average distance

**3.** Who owns the equipment? \_\_\_\_\_ Who maintains the equipment? \_\_\_\_\_

Are you a member of a racing club or association?  Yes  No If yes, please give details below.

During what time of the year do you race (e.g. month, season, entire year)?

Have you ever had an accident, injury or mishap related to your activity?  Yes  No If yes, please give details below.

Have you ever raced or are you contemplating racing outside North America?  Yes  No If yes, please give details below.

Do you intend to change the nature of your racing activities in the next 24 months?  Yes  No If yes, please give details below.

**4.** Check type of policy desired:

Full coverage subject to extra premium if required  Exclusion, no extra premium 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 <b>X</b>	Signature of Witness <b>X</b>	Date (dd/mmm/yy)
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