

Financial centre no.	Advisor's no.
Contract no.	
Name of first insured	

MOTOR RACING QUESTIONNAIRE

1- PROPOSED INSURED		
First name	Last name	Date of birth
		D M Y

2- MOTOR RACING

1. Type of race:
 car motorcycle snowmobile boat other (specify) _____

2. How long have you been practising this sport? _____

3. What type of vehicle do you use?
 Modified vehicle: Yes No If **Yes**, specify: _____
 Make : _____ Category: _____ Capacity: _____ HP: _____
 Do you own the vehicle you usually use? Yes No

4. In what category of race or event do you compete? (e.g. speed, stock car, demolition, etc.)

 Type of track: _____
 Texture of track: _____

5. Are the races in which you compete closely supervised by qualified officials? Yes No

6. Number of races	Location of race	Number	Average speed	Maximum speed
Last 12 months				
Next 12 months				

7. Type of event :
 professional amateur stunt other (specify) _____

8. What percentage of your annual income is derived from the races? _____ %

9. Do you believe your activities will be different in the future? Yes No
 If **Yes**, specify: _____

10. Have you ever had an accident? Yes No
 If **Yes**, specify: _____

11. In the event that your application for insurance is not accepted at the standard rate, do you wish: to be covered for the risks related to motor racing in exchange for an extra premium.
 not to be covered for the risks related to motor racing (**if an exclusion is available**).

3- SIGNATURES

I acknowledge and certify that the above answers are complete and true, and I agree that the contract I applied for be based on this information.

Date Signature of proposed insured Signature of witness
(signature of father, mother or tutor if applicant is a minor)