

Motor car and motorcycle sport questionnaire

(to be completed by the life to be insured)

Instructions

Please complete this form in **CAPITAL** letters. All questions must be answered accurately with full disclosure of all relevant information.

If there is insufficient space for any answer, please continue on a separate piece of paper and attach to this questionnaire.

Note: complete either section A or B below. Section C must be completed by **all** applicants.

1 Personal details

Policy number (if known)

Full name of life to be insured

Title Mr Mrs Miss Ms Dr Other (please give details)

Family name

Forename(s)

Date of birth

D	D	M	M	Y	Y	Y	Y
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2 Supplementary questions

Section A – Motor car sport

Please complete the following schedule:

i. Type of motor car(s).

ii. Type of event(s).

iii. Location of circuit(s).

iv. Number of races.

a) In **past** 12 months:

b) In **next** 12 months:

Section B – Motorcycle sport

Please complete the following schedule:

i. Type of motorcycle(s).

ii. Type of event(s) (e.g. Isle of Man TT, Ulster Grand Prix, North West 200, etc.).

iii. Location of circuit(s).

iv. Number of races.

a) In **past** 12 months:

b) In **next** 12 months:

Section C

i. For how many years have you been racing?

years

ii. What type of competition licence do you hold?

iii. Are you an amateur or professional?

Amateur

Professional

iv. Are you sponsored?

Yes

No

v. Do you own a competitive vehicle?

Yes

No

vi. Has the type of race or event ever changed in the last two years?

Yes

No

If 'Yes', please give details.

Have you ever been involved in any accidents whilst practising, testing or racing?

Yes

No

If 'Yes', please give details.

Do you anticipate changing the type of event you participate in?

Yes

No

If 'Yes', please give details.

Do you participate in record attempts, or become involved in testing or developmental activities?

Yes

No

If 'Yes', please give details.

Thank you for completing this form. Please return it to us with your proposal, or if you prefer, in a sealed envelope.

3 Declaration

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief. I agree that this form will constitute part of my proposal and that failure to disclose any material fact known to me may constitute grounds for rejection of a claim or repudiation of the contract.

Signature of life to be insured

Date

D	D	M	M	Y	Y	Y	Y
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