

Motor Sports - RACING QUESTIONNAIRE

Insured's Name:	DOB:	State:	Sex: M / F
Height: Ft. In. Weight:	Face Amount:		
Tobacco use in the past 5 years: No Yes Details:			
Producer:	State:	Phone:	E-mail:

Proposed Insured please answer the following:

AUTO RACING - SECTION A

1. Are you affiliated with any racing organizations? Yes No
Details:
2. What type(s) of car do you use for racing (please circle all that apply)?
Stock Car Midget Dragster
Sports Car Modified Other(s):
3. What type(s) of course do you race on (please circle all that apply)?
Paved Track Dirt Track Closed road or airstrip
Oval Drag Strip Other(s):
4. What type(s) of racing do you participate in (please circle all that apply)?
Professional Amateur Speed Skill
Other(s):
5. What type(s) of fuel do you use?
6. What is the average length of track you race on?
7. What is the average number of miles per race?
8. Give the maximum speed you have reached in racing: mph
9. Do you participate in any other type(s) of racing? Yes No
Details:
10. Number of races you have entered in the last 12 months?
11. Number of races you expect to enter in the next 12 months?

MOTORCYCLE RACING - SECTION B

1. Are you affiliated with any racing organizations? Yes No
Details:
2. What type(s) of event(s) do you participate in (please circle all that apply)?
Scramble Meets Hill Climbing Road or Track Racing
Other(s):
3. Give size and type of motorcycle:
4. Number of races you have entered in the last 12 months?
5. Number of races you expect to enter in the next 12 months?

