

## RACING QUESTIONNAIRE

Name of Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Do you hold a competition drivers license from any organization? List all.  
\_\_\_\_\_
2. Have you ever attended any type of drivers school? Which?  
\_\_\_\_\_
3. How long have you participated in racing?  
\_\_\_\_\_
4. Over what type of track or course do you race? (e.g., dirt oval, simulated road, off road, etc.)  
\_\_\_\_\_
5. Date of your last race. \_\_\_\_\_ Where? \_\_\_\_\_
6. How far do you travel to race?  
\_\_\_\_\_
7. Have you ever competed, or do you intend to compete outside the U.S.? \_\_\_\_\_ Where? \_\_\_\_\_
8. Do you intend to enter a new class of competition? Please give details.  
\_\_\_\_\_
9. Have you ever done, or do you intend to do, any stunt driving?  
\_\_\_\_\_
10. Is racing your full-time occupation?  Yes  No
11. Do you compete on a traveling circuit? If so, which?  
\_\_\_\_\_

12. Give particulars by types of races, and miles driven in competition, stating "none" where none, as provided below:

Types of Races / Sanctioning Body*	Last 12 Months			1-2 Yrs Ago		Contemplated next 12 months		
	No. of Races	Miles Per Race	Max. Speeds Attained	No. of Races	Miles	No. of Races	Miles	Max. speeds Expected

\*i.e., NASCAR LATE MODEL STOCK, IHRA FUNNY CAR, IMSA GT-T, STREET STOCK, etc.

13. Do you own a competition vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO	Make and Model	Displacement	Class
14. Do you have access to any other competition vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO	Make and Model	Displacement	Class

I represent that all statements and answers to the above questions are complete and true to the best of my knowledge and belief.

Dated at \_\_\_\_\_ the \_\_\_\_\_ day \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
 Witness Signature of Proposed Insured

