



Name of Proposed Insured: [ ] Application/Policy No: [ ]

1. Are you a member of a racing organization? [ ] Yes [ ] No

If yes, please provide name of organization: [ ]

2. Please indicate the date(s) and type(s) of driving course(s) that you have taken:

Table with 2 columns: Dates, Driving courses

3. Are you a professional racer? [ ] Yes [ ] No

4. Please indicate the type(s) of racing vehicle(s) you currently use:

- Grid of checkboxes for vehicle types: All Terrain (3 wheel), Formula Atlantic, Hot Rod, Sports All American, Sports IROC, etc.

If other, please describe: [ ]

5. Please indicate the type(s) of competition(s) that you participate in: [ ] Autocrash [ ] Demolition Derby [ ] Rallies

- Grid of checkboxes for competition types: Closed Circuit, Drag Racing, Enduro, Time Speed Trials, Off-Road

[ ] Other If other, please describe: [ ]

6. a) Please indicate the names of the sanctioning bodies: [ ]

b) Where do you race? [ ]

c) What is your average speed? [ ] km/h What is your maximum speed? [ ] km/h

d) What is the average duration of the races in which you participate? [ ]

7. a) How many races have you participated in, in the last 12 months? [ ]

b) How many races do you anticipate participating in, in the next 12 months? [ ]

c) Do you participate in races other than sanctioned races? [ ] Yes [ ] No

If yes, please provide details including the location, frequency, type of vehicle(s) and speeds: [ ]

8. Do you participate in any stunts, prototype testing or record setting attempts? [ ] Yes [ ] No

If yes, please provide details: [ ]

9. Please indicate the safety standards used for vehicles raced in non-sanctioned events: [ ]

10. Have you ever had a racing accident or related injury? [ ] Yes [ ] No

If yes, please provide details: [ ]

11. What type(s) of street vehicle(s) do you use? [ ]

12. Do you anticipate any changes in your racing activities in the future? [ ] Yes [ ] No

If yes, please provide details: [ ]

I declare that the answers I have given on this questionnaire are true and complete and shall form part of my application.

Signature of Proposed Insured [ ] Date (day/month/year) [ ]