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RACING QUESTIONNAIRE

Name	Date of birth								
1.	Do you hold a competition drivers license from any organization? List all.								
2.	Have you ever attended any type of driver's 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.	5. Date of you 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.	8. Do you intend to enter a new class of competition? Please give details.								
9.	9. Have you ever done, or do you intend to do any stunt driving?								
10. Is racing your full-time occupation?									
11.	. Do you compete on a traveling circ	uit? If so w	vhich?					<u></u>	
12. Give particulars by types of races, and miles driven in competition, state "none" where none, as provided below:									
Т	Types of races/ Sanctioning body*		Last 12 mon		1-2 yrs ago		Contemplated ne		2 months
		No. of races	Miles per race	Max. speed attained	No. of races	Miles	No. of races	Miles	Max. speed expected
*	i.e. NASCAR LATE MODEL STOCK	, IHRA FU	INNY CAR, IM	/ISA GT-T, ST	REET STOCK, et	C.			
	13. Do you own a competition vehicle? ☐ Yes ☐ No			Make and Model			Displacement Class		Class
14	14. Do you have access to any other competition vehicle? ☐ Yes ☐ No			Make and Model			Displacement	placement Class	
l repres	sent that all statements and ansv	vers to the	e above que	estions are co	omplete and true	e to the be	est of my knowl	edge and l	belief.
Signature of Proposed InsuredDate/							l		
Witnes	s					D	ate /		/