



NAME		
FIRST NAME		
DATE OF BIRTH		APPLICATION OR POLICY NUMBER
D	M	Y

QUESTIONNAIRE FOR MOTOR BOAT RACING

1. Type of Racing:

<input type="checkbox"/> Closed Circuit	<input type="checkbox"/> Lakes or Rivers
<input type="checkbox"/> Drag	<input type="checkbox"/> Speed Records
<input type="checkbox"/> Straight Line	Others: _____

2. Type of Boat:

<input type="checkbox"/> Monocoque	<input type="checkbox"/> Thunder Boat
<input type="checkbox"/> Double Hull	<input type="checkbox"/> Speed Boat
<input type="checkbox"/> Hydroplane	Others: _____
<input type="checkbox"/> Jet Boat	

3. Make and model of the boat: _____

4. Average Speed: _____ **Maximum Speed:** _____

5. Number of Races: Last 12 months: _____ Next 12 months: _____

6. Where: _____

7. Number of years of experience: _____

8. Have you ever had an accident while racing? Yes No

If yes, provide the complete details: _____

If your application is not approved standard, do you wish:

<input type="checkbox"/> a rating
<input type="checkbox"/> an exclusion

I declare that all statements and answers provided above are complete and true and that this information shall form part of my insurance application with **UL Mutual**.

<p>X _____</p> <p>SIGNATURE OF THE PROPOSED INSURED</p>	<p>X _____</p> <p>SIGNATURE OF THE POLICY OWNER</p>
<p>X _____</p> <p>WITNESS</p>	<p>_____</p> <p>DATE</p>