



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

### CAR RACING QUESTIONNAIRE

1. For how many years have you been racing? \_\_\_\_\_

2. What sort of lessons/training did you have? \_\_\_\_\_

3. What type of races do you participate into and with what type of vehicle?

ACCELERATION: Regular Petrol  High Octane

SPORTS CARS: Canam, Trans Am, Camel, IROC, Camaro  Production ABC, All American GT, Porsche  Vintage Cars, Other

SPRINT CARS: Midget  Sprint

PILE-UP: Pile-Up

OFF ROAD RACES

DEMOLITION DERBY

DUNE BUGGIES, SAND BUGGIES: Off road, long distance  Other

FORMULA: Formula 1  Formula 5000, Atlantic  Formula 2000, 3000  Formula V, Super V, Ford

GO-CARTS: Enduro, Sprint, Traditional Model  Formula, Experimental

INDY

MINI CAR: Monitored Circuits  Other

STOCK CARS: Nascar, Grand National, Grand American, USAC model  Modified, Super Modified  Amateur, Jalopy, Hobby

ATV: 4 wheels, off road rally  4 wheels, long distance  3 wheels

OTHER: Details: \_\_\_\_\_

4. Race locations: \_\_\_\_\_

5. Type of circuit: Oval  Simulated Road  Other  Explain: \_\_\_\_\_

6. Type of ground: Soil  Paved  Other  Explain: \_\_\_\_\_

7. Competition objective: Professional  Amateur  Both

8. Number of races in the last 12 months: \_\_\_\_\_ next 12 months: \_\_\_\_\_

9. Your average speed: \_\_\_\_\_ Your maximum speed: \_\_\_\_\_

10. Have you ever had accidents? Yes  No

If yes, explain: \_\_\_\_\_

11. Any driving violations during the last 5 years? Yes  No

If yes, please give details: \_\_\_\_\_

12. What are your futures plans concerning racing? \_\_\_\_\_

13. Additional Information: \_\_\_\_\_

If your application is not approved standard do you wish:  a rating  an exclusion

I declare the information above is true and complete and will form part of my insurance proposal with **UL Mutual**.

X \_\_\_\_\_ X \_\_\_\_\_  
SIGNATURE OF THE PROPOSED INSURED SIGNATURE OF THE POLICY OWNER

X \_\_\_\_\_ X \_\_\_\_\_  
WITNESS DATE