



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