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|---------------|---|------------------------------|
| NAME | | |
| FIRST NAME | | |
| DATE OF BIRTH | | APPLICATION OR POLICY NUMBER |
| D | M | |

MOTORCYCLING QUESTIONNAIRE

1. For how many years have you been motorcycling? _____
2. Since when do you hold a motorcycle driving license? _____
3. Have you had motorcycle driving lessons? Yes No If yes, which one: _____
4. Motorcycle model: Touring Cruising Sport Make and Cylinder: _____
5. Usage: City Highways Short Distances Long Distances Competition
Other: _____
6. Competition:
 - ACROBATICS
 - HARE-SCRAMBLES: Up to 250 cc More than 250 cc
 - ACCELERATION: Up to 250 cc 251 to 500 cc More than 500 cc Other fuels
 - TIME COMPETITIONS
 - MOTOCROSS - SCRAMBLES - T.T.: Motocross Grand prix International or T.T.
Other races: up to 250 cc More than 250 cc
 - PRODUCTION RACES – ROAD RACES – SPORTSMEN CLASS:
Road Races : Grand prix International
Other: Up to 250 cc 251 to 500 cc More than 500 cc
Speed Record
7. Race Locations: _____
8. Type of Ground: Soil Paved Grass Other Explain: _____
9. Competition Objective: Professional Amateur Both
10. Number of races in the last 12 months: _____ next 12 months: _____
11. Your average speed: _____ Your maximum speed: _____
12. Have you ever had accidents? Yes No If yes, explain: _____
13. Any driving violations in the last 5 years? Yes No
If yes, please give details: _____
14. What are your futures plans concerning races? _____
15. Do you take any medication? Yes No If yes, please give details: _____

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

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

X _____ X _____
SIGNATURE OF THE PROPOSED INSURED SIGNATURE OF THE POLICY OWNER

X _____ X _____
WITNESS DATE