



Auto Racing Questionnaire EQC061

Important: Fill out in block letters and answer each section as accurately as possible.

	Application or contract number		
Insur		Last name	
Date of birth Y Y Y Y M M D D			
Sect	tion A – Questionnaire		
1. H	1. How many years have you been racing?		
2 . V	Vhat training have you had?		
3. S	elect the races you participate in a	nd indicate the type of vehicle you drive:	
	Type of race	Type of vehicle	
ı	☐ Drag race	☐ Regular fuel ☐ High-octane fuel ☐ Other	
I	☐ Sports cars	☐ Canam, Trans Am, Camel, IROC, Camaro ☐ Production ABC, All American GT, Porsche ☐ Vintage cars ☐ Other	
I	☐ Sprint cars	☐ Midget ☐ Sprint ☐ Other	
I	□ Carambolage		
I	☐ Off-road racing		
I	☐ Demolition derby		
I	☐ Dune buggies, sand buggies	☐ Off-road, long distance ☐ Other	
I	□ Formula	☐ Formula 1 ☐ Formula 5000, Atlantic ☐ Formula 2000, 3000 ☐ Formula V, Super V, Ford ☐ Other	
I	☐ Go-carts	☐ Enduro, sprint, traditional ☐ Formula, experimental ☐ Other	
I	□ Indy		
I	☐ Mini car	☐ Supervised circuits ☐ Other	
	□ Stock cars	□ NASCAR, Grand National, Grand American, USAC model □ Modified, Super Modified □ Amateur, Jalopy, Hobby □ Other	
	☐ All-terrain	☐ 4-wheel off-road rally ☐ 4-wheel long-distance ☐ 3-wheel ☐ Other	
I	□ Other		

Section A - Questionnaire (cont'd)		
4. Where do the races take place?		
5. On what kind of track do the races take place? Oval Simulated road Other Other		
6. What is the race course surface? ☐ Dirt ☐ Pavement ☐ Other		
7. What is your average race speed? km/h		
8. What is your maximum race speed? km/h		
9. Are the competitions ☐ Professional and/or ☐ Amateur?		
10. How many races have you competed in over the past 12 months?		
11. How many races do you plan to compete in over the next 12 months?		
12. Have you ever had an accident? ☐ Yes ☐ No If yes, please provide details:		
13. What are your future race plans?		
14. Additional comments		
If your application is not accepted on a standard basis, would you want:		
Section B - Signatures		
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 UV Insurance.		
Signed in		
X Signature of the person to be insured X Signature of owner (required if insured is a minor)		