



Motor Boat Racing Questionnaire EOC049

Important: Fill out in block letters and answer each section as accurately as possible. Application or contract number ______ _____ Last name Insured's first name _____ Date of birth Y Y Y Y Y M M M D D Section A - Questionnaire 1. What kind of racing do you do? ☐ Drag ☐ Closed track ☐ Lakes or rivers ☐ Speed records ☐ Straight line ☐ Other _____ 2. What kind of boat do you race? ☐ Monohulled ☐ Thunderboat ☐ Double-hulled ☐ Speed boat ☐ Hydroplane ☐ Jet boat ☐ Other _____ 3. What is the make and model of your boat? Model Make 4. What is your average racing speed? _____ 5. What is your maximum racing speed? 6. How many times have you raced in the last 12 months? _____ 7. How many races do you plan to compete in over the next 12 months? 8. Where do the races take place? ____ 9. How many years have you been racing? ____ **10**. Have you ever had an accident during a race? ☐ Yes ☐ No If yes, please provide details: If your application is not accepted on a standard basis, would you want: \Box A rating \Box An exclusion 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. Signature of the person to be insured

X
Signature of owner (required if insured is a minor)