



## RACING QUESTIONNAIRE

INSURED'S NAME \_\_\_\_\_ APPLICATION NUMBER \_\_\_\_\_

☐ AUTOMOBILE RACING

☐ MOTORCYCLE RACING

☐ MOTORBOAT RACING

☐ OTHER \_\_\_\_\_

1. NAME OF SANCTIONING ORGANIZATION \_\_\_\_\_

2. RACING DIVISION \_\_\_\_\_

3. VEHICLE CATEGORY AND CLASS (ENGINE SIZE) \_\_\_\_\_

4. AVERAGE SPEED \_\_\_\_\_

5. TYPE OF TRACK (OVAL, SIMULATED ROAD, ETC.) \_\_\_\_\_

6. AVERAGE NUMBER OF RACES PER YEAR \_\_\_\_\_

7. DATE OF LAST RACE \_\_\_\_\_

8. DO YOU PLAN TO CONTINUE RACING IN THE FUTURE? ☐ YES ☐ NO

9. DO YOU OWN YOUR OWN COMPETITIVE VEHICLE? ☐ YES ☐ NO TYPE? \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

(PROPOSED INSURED'S SIGNATURE)

