

GENERAL INFORMATION

FIRST NAME	LAST NAME
POLICY NUMBER	DATE OF BIRTH

- How many years have you been racing? _____
- What driving course(s) have you taken and for how many years? _____
- Racing vehicles you currently use:

<input type="checkbox"/> All terrain (3 ou 4 wheels ?)	<input type="checkbox"/> Long distance (3 or 4 wheels?)	<input type="checkbox"/> Dragsters (regular fuel or high octane?)
<input type="checkbox"/> ABC	<input type="checkbox"/> Formula 2000	<input type="checkbox"/> Go-cars
<input type="checkbox"/> All American GT	<input type="checkbox"/> Formula 3000	<input type="checkbox"/> Grand American
<input type="checkbox"/> Amateur	<input type="checkbox"/> Formula 5	<input type="checkbox"/> Hobby
<input type="checkbox"/> Camel	<input type="checkbox"/> Formula Atlantic	<input type="checkbox"/> Indy
<input type="checkbox"/> Dune/Sand Buggies	<input type="checkbox"/> Formula Ford	<input type="checkbox"/> Iroc
<input type="checkbox"/> Formula 1	<input type="checkbox"/> Formula Super V	<input type="checkbox"/> Jalopy
<input type="checkbox"/> Midget	<input type="checkbox"/> Modified	<input type="checkbox"/> Stock-cars
<input type="checkbox"/> Nascar, grand national	<input type="checkbox"/> Porsche	<input type="checkbox"/> Super
<input type="checkbox"/> Production	<input type="checkbox"/> Sports Can-Am	<input type="checkbox"/> Vintage
<input type="checkbox"/> Others: _____		
- Type of competition(s):

<input type="checkbox"/> Autocrash	<input type="checkbox"/> Demolition Derby	<input type="checkbox"/> Off-road	<input type="checkbox"/> Timespeed trials
<input type="checkbox"/> Closed circuit	<input type="checkbox"/> Enduro	<input type="checkbox"/> Rallies	<input type="checkbox"/> Others: _____
- Name of sanctioning bodies: _____
- Race location: _____
- Your average speed: _____
- Number of races:

	Last 12 months: _____	Next 12 months: _____
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 Specify, if more than one category: _____
- Do you race at other than sanctioned races? Yes No
If yes, please give details: where, how often, vehicle, speed: _____
- Specify safety standards used for vehicles raced in non-sanctioned events: _____
- Have you ever had a racing accident? Yes No
If yes, please give details: _____
- a) What street vehicle(s) do you use? _____
b) Have you had any driving violations within the **last 3 years**? Yes No
If yes, please give details: _____
- What are your future plans for racing? _____

I declare that the above answers are true and complete and shall form part of my application.

SIGNATURE OF THE WITNESS	SIGNATURE OF THE INSURED
NAME OF THE WITNESS	DATE