SSQ insurance

QUESTIONNAIRE MOTORCYCLE RACING

GENERAL INFORMATION	
FIRST NAME	LAST NAME
POLICY NUMBER	DATE OF BIRTH Y Y Y Y M M D D

1. How many years have you been racing? _____

2. What type of motorcycle do you currently use?

Make: _____ Year: _____

Model: _____ Engine size (cc): _____

3. Please state the nature of your participation?

☐ Recreational
☐ Competitive : ☐ Amateur ☐ Professional

4. Do you have a license or certificate?

☐ Yes Which one? _____ Since when? _____
☐ No

5. What type of motorcycle sport do you participate in?

☐ Acrobats ☐ Cross Country (Scrambles, Hare & Hound) ☐ Dirt Track Racing
☐ Gas Powered Drag Racer (Pump Grade Gas with Additive)
☐ Fuel Powered Dragster (Nitro Methane Methanol)
☐ Field Meets, Economy Runs, Enduro Trials
☐ Motocross (International Grand Prix)
☐ Road Racers: ☐ International Grand Prix ☐ Other: _____
☐ Record Attempts: ☐ Engine Propelled ☐ Jet Propelled

6. Number of races: Last 12 months: _____ Next 12 months: _____
Specify, if more than one category: _____

7. Race location, name of sanctioning bodies, name of organized events:

_____

8. Speed: Average _____ Maximum _____

9. Have you ever had a racing accident? ☐ Yes ☐ No
If yes, please provide details: _____

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 Y Y Y Y M M D D