

First and last names of insured: \_\_\_\_\_

| Y | Y | Y | Y | M | M | D | D |

Date of birth

Policy/application number \_\_\_\_\_

**1. What kind of race do you do?**a) ☐ Automobile ☐ Acceleration ☐ Demolition ☐ Stock Car ☐ Championship ☐ Midget ☐ Sports Car☐ Other, specify: \_\_\_\_\_b) ☐ Motorcycle ☐ Acceleration ☐ Cross-country ☐ Motocross☐ Other, specify: \_\_\_\_\_c) ☐ Snowmobiled) ☐ Boat**2. What type of vehicle do you drive?**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Engine power (in CC): \_\_\_\_\_

**3. Number of races in the last 12 months:** \_\_\_\_\_ **Next 12 months:** \_\_\_\_\_**4. Speed:**

Maximum speed reached: \_\_\_\_\_ km/h

Average Speed: \_\_\_\_\_ km/h

**5. Location of the races:** \_\_\_\_\_**6. How long have you been practicing this sport?** | Y | Y | Y | Y | M | M | D | D |**7. Do you practice this sport as an amateur or a professional?**☐ Amateur ☐ Professional**8. Have you ever done or plan to do:**a) Record attempts: ☐ Yes ☐ No If yes, specify dates and details: \_\_\_\_\_b) Acrobatics or ramp jumps: ☐ Yes ☐ No If yes, specify dates and details: \_\_\_\_\_**9. Do you foresee a change in the conditions or type of practice of this sport?** ☐ Yes ☐ No

If yes, specify: \_\_\_\_\_

**10. Have you ever had a racing accident?** ☐ Yes ☐ No

If yes, specify the dates and details: \_\_\_\_\_

**11. Additional information:** \_\_\_\_\_**12. Declaration**

I acknowledge having fully understood all of the questions above and that the answers given are true and complete. In addition, I consent to having them as an integral part of the requested insurance policy.

**X**

Signature of insured (signature of the father, mother or legal guardian if the insured is a minor)

| Y | Y | Y | Y | M | M | D | D |

Date of signature

**Protection of personal information**

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