

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) Snowmobile

d) 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