

MOTORCYCLE RACING QUESTIONNAIRE

Name of Proposed Insured Person: _____ Date of Birth: _____
MM/DD/YY

Number of years racing? _____

Do you compete professionally or participate part-time (hobby)? _____

If you participate part-time, what is your occupation and the duties involved in your full-time employment?

Do you get paid for racing motorcycles? If **YES**, please provide annual earnings. **YES** **NO**

Annual Earnings from racing motorcycles: CDN _____

If you get paid for competing in motorcycle racing and have an income from full-time employment, please provide annual earnings from full-time employment.

Annual Earnings from full-time employment: CDN _____

What type of coverage is being requested (please check as applicable)

Accidental Death & Dismemberment	_____
Major Medical	_____
Disability	_____

What amount of coverage is being requested?

Accidental Death & Dismemberment	_____
Major Medical	_____
Disability	_____

What policy term is being requested?

One Year Term	_____
Two Year Term	_____
Three Year Term	_____

Are you a member of a racing organisation? If **YES**, please provide name(s). **YES** **NO**

In what type of motorcycle racing do you participate? Please provide **details**. _____

What is the number of races in which you have competed in the past twelve months? _____

What is the number of races in which you expect to compete in the next twelve months? _____

Where do you expect to travel over the next twelve months for motorcycle racing? Please provide **cities** and **countries**.

Please provide the exact locations of the races in which you expect to participate. _____

Is the race track asphalt, gravel, sand, concrete or other? Please specify for each location if more than one.

