



Name of Proposed Insured: _____ Application/Policy No: _____

1. Are you a member of a racing organization? Yes No
If yes, please provide name of organization: _____

2. Please indicate date(s) and type(s) of driving course(s) you have taken: _____

3. Do you compete professionally? Yes No

4. In what type of events do you participate?
 Dirt track Field Meets Cross-country Motocross Enduros Hill climb
 Drag Grand Prix Time trials Sportsmen's Class Trails
 Economy run Hare & Hounds Other (please describe): _____

5. Please indicate the name of the sanctioning body: _____

6. Where do you race? _____

7. a) What make(s) of motorcycle(s) do you use for racing? _____
b) What is their engine size? _____

8. What is: a) your average speed? _____ km/h b) your maximum speed? _____ km/h

9. What is the average duration of the races in which you participate? _____

10. a) How many races have you participated in over the last 12 months? _____
b) How many races do you anticipate participating in over the next 12 months? _____

11. Do you race at other than sanctioned races? Yes No If yes, please provide details including location, frequency, type of vehicle(s), and speeds: _____

12. Please indicate the safety standards used for vehicles raced in non-sanctioned events: _____

13. Have you ever had a racing accident? Yes No If yes, please provide dates and details: _____

14. What type of street motorcycle(s) do you use? _____

15. Do you anticipate any changes in your racing activities in the future? Yes No
If yes, please provide details: _____

I declare that the answers I have given on this questionnaire are true and complete and shall form part of my application.

Signature of Proposed Insured: _____ Date: _____

Day/Month/Year