

# **MOTOR SPORT** **QUESTIONNAIRE**

## **CONFIDENTIAL**

To be completed in English by the life assured.

Full name

Date of birth (dd/mm/yyyy)

Occupation

Please complete either Section A or Section B below and then complete Section C.

### **SECTION A: MOTOR CAR SPORT**

1. Complete the following schedule:

Type of motor car (including cc)

Type of event (e.g formula etc)

Location (circuits and countries)

2. Number of races i) in the past 12 months   
ii) in the next 12 months

### **SECTION B: MOTOR CYCLE SPORT**

1. Complete the following schedule:

Type of motor cycle (e.g. road racing etc)

Type of event (e.g formula etc)

Location (circuits and countries)

2. Number of races i) in the past 12 months   
ii) in the next 12 months

**SECTION C**

1. For how many years have you been racing?

2. What type of competition licence do you hold?

3. Are you an amateur or professional?

4. Are you sponsored?

Yes  No If Yes, please give details below.

5. Do you own your own competitive vehicle?

Yes  No If Yes, please give details below.

6. Has the type of race or event changed in the last 2 years?

Yes  No If Yes, please give details below.

7. Have you ever been involved in any accidents whilst practicing, testing or racing?

Yes  No If Yes, please give details below.

8. Do you anticipate changing the type of event in which you participate?

Yes  No If Yes, please give details below.

9. Do you participate in record attempts, or become involved in testing or developmental activities?

Yes  No If Yes, please give details below.

**DATA PROTECTION**

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**DECLARATION**

I declare that the above answers are true to the best of my knowledge and that I have not withheld any information that may influence the assessment or acceptance of this application.

I give my express consent for the information in this form to be processed.

I agree that any supplementary questionnaire will form part of my application to the company and that non-disclosure of any material fact known to me may invalidate the contract.

Signature of life assured

Date (dd/mm/yyyy)