

Identification

Policy:

Name of person to be insured:

First Name of person to be insured:

Date of birth: / /
year / month / day

Section Racing

1. Type of race:

Sport car Stock car Drag Formula car (type of formula) Motorcycle (type) Snowmobile

Others (detail) _____

2. What type of vehicle do you drive? _____

Who is the owner? _____

3. Type of track? Oval Roads circuits Others (detail) _____

Track surface: Dirt road Paved Ice Other (detail) _____

4. Indicate the number of races that you have participated in and the distance travelled.

Location: _____

In the last 12 months. Number (km/miles) _____

In the last 12 to 24 months. Number (km/miles) _____

In the next 12 months. Number (km/miles) _____

5. Do you participate as: A professional An amateur Both



