



# Motorized Vehicle Racing Questionnaire

(to be completed by the Insured)

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(DD/MM/YYYY)

1 Type of racing in which you participate: Automobile Boat Motorcycle Go Cart Snowmobile

2 Type of competition: Drag Circuit Cross Country Time Trial Enduro Moto Cross  
Off Road Rally Other \_\_\_\_\_

3 Type of track: Oval Simulated Roads Hill Climbs Through Bush Other \_\_\_\_\_

4 Type of surface: Paved Ice Dirt Snow Open Water Other \_\_\_\_\_

5 Class in which you compete:  
Vehicle/Craft classification (ie. funny car, formula, enduro, stock, drag): \_\_\_\_\_  
Engine/Motor size: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

6 Details of Racing:

LOCATION	NUMBER OF RACES DURING THE LAST 12 MONTHS	NUMBER OF RACES DURING THE LAST 12-24 MONTHS	NUMBER OF RACES CONTEMPLATED DURING THE NEXT 12 MONTHS

7 Average Speed: \_\_\_\_\_ Top Speed: \_\_\_\_\_ Years of Racing Experience: \_\_\_\_\_

8 Purpose of Racing: Professional Amateur

9 Have you had any race accidents? Yes No  
If "Yes," please describe: \_\_\_\_\_

10 Do you plan to change the type of frequency or racing in the future? Yes No  
If "Yes," please explain: \_\_\_\_\_

11 Please provide any additional comments which you feel are pertinent to the information given above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my answers to the above questions will be relied on by ivari in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire may be rendered void on the grounds of misrepresentation or fraud.

I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to ivari.

Dated at (city) \_\_\_\_\_ in the province of \_\_\_\_\_ on \_\_\_\_\_  
(DD/MM/YYYY)

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Witness