



## MOTOR SPORTS QUESTIONNAIRE

Proposed Insured:	Date of Birth:	Application/Policy #:
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Provide details of your racing activities in the **last** 12 to 24 months:

	<input type="checkbox"/> Automobile	<input type="checkbox"/> Dragster	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Snowmobile	<input type="checkbox"/> Water craft	<input type="checkbox"/> Other
Type of event						
Class						
Size of engine						
Type of course						
Number of races						
Total distance	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms
Average speed/hr	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms
Fastest speed/hr	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms
Location						

Provide details of your racing activities in the **next** 12 months:

	<input type="checkbox"/> Automobile	<input type="checkbox"/> Dragster	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Snowmobile	<input type="checkbox"/> Water craft	<input type="checkbox"/> Other
Type of event						
Class						
Size of engine						
Type of course						
Number of races						
Total distance	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms
Average speed/hr	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms
Fastest speed/hr	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms	<input type="checkbox"/> miles <input type="checkbox"/> kms
Location						



## MOTOR SPORTS QUESTIONNAIRE

Do you compete as a:

Professional

Amateur

Have you ever had an accident or injury from a competition or practice that required medical attention?  Yes  No  
if "Yes" please provide details.

If coverage is not available at the regular premium rate, indicate the coverage which you may be willing to accept:

Coverage subject to a rating/extra premium

Coverage subject to an exclusion

I declare that the above answers and statements are true, complete and correctly recorded and shall form part of my Application for Insurance with The Equitable Life Insurance Company of Canada.

\_\_\_\_\_ Date

\_\_\_\_\_ Proposed Life Insured

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