

MOTOR SPORTS QUESTIONNAIRE

Application Number _____

Proposed Life Insured		Date of Birth	dd/mm/yyyy
-----------------------	--	---------------	------------

Provide details of your racing activities in the last 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						
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						
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						

Do you compete as a: Professional Amateur

Do you own a competitive vehicle(s) or craft(s)? YES NO If "YES" provide:

Type	Size of engine	Type of fuel

Remarks:

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