

AUTOMOBILE RACING QUESTIONNAIRE (to be completed by proposed insured)

Name: _____ Application No.: _____

1. How many years have you been racing? _____
2. What driving course(s) have you taken and year(s) taken?

3. Racing vehicles you currently use: All Terrain (3 or 4 wheel) Dragsters (Regular Fuel High Octane)
 Dune/Sand Buggies Vintage Go-carts Midget Mini Hot Rod Sprint
 Sports (Can Am, Trans Am, Camel, IROC, Production, ABC, Porsche, All American GT)
 Formula (I, Atlantic, 3000, 2000, V, Super V, Ford) Indy Other (please describe):

4. Type of Competition(s): Autocrash Demolition Derby Timespeed Trials Off-Road Closed Circuit
 Enduro Rallies Other (please describe): _____
5. Name of sanctioning bodies? _____
6. Race locations: _____ Your average speed: _____ Your maximum speed: _____
7. Number of races last 12 months: _____ next 12 months: _____
 Specify if more than one category: _____
8. Do you race at other than sanctioned races? Yes No If yes, please give details, where, how often, type of vehicle, speeds: _____
9. Specify safety standards used for vehicles raced in non-sanctioned events:

10. Have you ever had a racing accident? Yes No If yes, please give details:

11. What street vehicle(s) do you use? _____
12. Have you had any driving violations within last 3 years? Yes No If yes, please give details:

13. What are your future plans for racing?

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the _____ day of _____ 20 ____ ; and they shall be of the same effect as if contained in the original application.

Dated at _____ this _____ of _____ 20 _____

 Witness

 Proposed Insured