

AUTOMOBILE RACING QUESTIONNAIRE (to be completed by Proposed Insured)

Name: Application No.:

1. What is the nature of your participation in the sport?

☐ recreational☐ competitive☐ sponsored
☐ amateur☐ professional
2. How many years have you been racing?
3. What driving course(s) have you taken and year(s) taken?
4. 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):
5. Type of Competition(s):

☐ Autocrash☐ Demolition☐ Derby☐ Timespeed Trials☐ Off-Road☐ Closed Circuit
☐ Enduro☐ Rallies☐ Other (please describe):
6. Name of sanctioning bodies?
7. Race locations: Your average speed: Your maximum speed:
8. Number of races last 12 months: next 12 months:
Specify if more than one category:
9. Do you race at other than sanctioned races?

☐ Yes☐ No

 If yes, please give details, where, how often, type of vehicle, speeds:
10. Specify safety standards used for vehicles raced in non-sanctioned events:
11. Have you ever had a racing accident?

☐ Yes☐ No

 If yes, please give details:
12. What street vehicle(s) do you use?
13. Have you had any driving violations within last 3 years?

☐ Yes☐ No

 If yes, please give details:
14. What are your future plans for racing or additional comments?

I declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	Date (DD/MMM/YYYY)	Signature
		Proposed Insured X