

APPLICANT INFORMATION

NAME OF APPLICANT	DATE OF BIRTH
	DAY MONTH YEAR

DETAILS

1. Do you engage in automobile racing? YES NO and/or motorcycle racing? YES NO
and/or snowmobile racing? YES NO

If YES, type of vehicle(s) used in races:

2. How many races did you enter in the past 12 months? The past 12-24 months?
How many races do you contemplate entering in the next 12 months?

3. What is the maximum speed attained? Average speed?

4. What type of racing or competition do you engage in?
Examples - Automobile: sports car, stock car, championship, drag, go cart, sprint, etc.
Motorcycle: hill climbing, cross country, drag, motocross, track, etc.
Snowmobile: Super Sport, Sport, Semi Pro, Pro.

5. Indicate what type of track and surface is used:

6. Indicate what type of fuel is used:

7. Purpose of racing: Professional Amateur Both
Please provide details:

8. Have you ever had an accident or injury arising from competition or practice that required medical attention? YES NO
If YES, please provide details including dates:

9. If racing requires an extra premium or exclusion rider, which would you prefer:
 Extra premium Exclusion rider

AGREEMENTS / DECLARATIONS / AUTHORIZATIONS

All agreements, declarations and authorizations acknowledged in the initial Application for Life Insurance or Application for Reinstatement/Change apply to this form.

SIGNATURES

I hereby declare that the above information is true and complete and shall form part of my application to the Wawanesa Life Insurance Company.

A photocopy or an electronic reproduction of this document will be as valid as the original.

_____ DATE _____ SIGNATURE OF INSURED

PLEASE RETURN FORM TO:
The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8
TOLL FREE: 1-888-997-9965 FAX: 1-888-985-3872 WEBSITE: wawanesalife.com