Print Reset

MOTOR SPORTS RACING QUESTIONNAIRE

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: midget, 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, TEL: 1-888-997-9965, FAX: 1-888-985-3872

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