



Motorized Vehicle Racing Questionnaire

(to be completed by Proposed Insured)

500-5000 Yonge Street
Toronto, ON M2N 7J8
Fax: 1-877-767-0477

Policy Number: _____

PLEASE PRINT

Name of Proposed Insured: _____ Date of Birth: **DD / MM / YYYY**

- 1 Type of racing in which you participate: Automobile Boat Motorcycle Go Cart Snowmobile
- 2 Type of competition: Drag Circuit Cross Country Time Trial Enduro Moto Cross
 Off Road Rally Other _____
- 3 Type of track: Oval Simulated Roads Hill Climbs Through Bush Other _____
- 4 Type of surface: Paved Ice Dirt Snow Open Water Other _____
- 5 Class in which you compete:
Vehicle/Craft classification (ie. funny car, formula, enduro, stock, drag): _____
Engine/Motor size: _____ Make: _____ Model: _____

6 Details of Racing:

LOCATION	NUMBER OF RACES DURING THE LAST 12 MONTHS	NUMBER OF RACES DURING THE LAST 12-24 MONTHS	NUMBER OF RACES CONTEMPLATED DURING THE NEXT 12 MONTHS

- 7 Average Speed: _____ Top Speed: _____ Years of Racing Experience: _____
- 8 Purpose of Racing: Professional Amateur
- 9 Have you had any race accidents? Yes No
If "Yes," please describe: _____
- 10 Do you plan to change the type of frequency or racing in the future? Yes No
If "Yes," please explain: _____
- 11 Please provide any additional comments which you feel are pertinent to the information given above:

I understand that my answers to the above questions will be relied on by *ivari* in establishing my premium rate. If the above answers are not true, complete and correctly recorded, any policy issued as a result of this questionnaire (being part of the Application for Insurance) may be rendered void on the grounds of misrepresentation or fraud.

I hereby declare that I have read all the questions and answers in this questionnaire and the statements and answers given above are true, complete and correctly recorded to the best of my knowledge and belief. I understand and agree that this questionnaire shall form part of my Insurance Application to *ivari*.

Dated at _____ this _____ day of _____, 20 _____.

Signature of Proposed Insured

Signature of Witness

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