BMO Insurance

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BMO Life Assurance Company
60 Yonge Street, Toronto, ON M5E 1H5
1-877-742-5244 • 416-596-4143 Fax

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 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 _____ day of _____ 20 _____

Witness

Proposed Insured

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