

Motor Cycling Questionnaire

(to be completed by the member)

Member Full Name.....Date of birth.....

Policy number or scheme name.....

You must answer the questions fully and truthfully to the best of your knowledge. If you do not do so, and this affects our assessment of the risk, your insurance cover may be invalidated and this may result in your claim not being paid or not fully paid. If you are in any doubt about whether to provide information when filling in this form, please provide the information. If there is insufficient space please continue your answer on a separate piece of paper.

Please provide details of the motor cycle(s) you use including make, engine size etc.

Please provide details of any events you participate in such as speedway, drag racing etc.

Do you take part in:

Amateur events YES / NO

National events YES / NO

International events YES / NO

How many events have you taken part in during the last 12 months?

How many events do you expect to participate in during the next 12 months?

Has the type of event you take part in changed in the last 12 months?

Please advise the location of any circuit raced.

Have you raced at the Isle of Man TT Races? YES / NO

Please advise how many years you have been racing.

Are you sponsored? YES /NO

Do you use a personal vehicle? YES / NO

If no, please advise the owner of the vehicle.

Have you ever had an accident which resulted in personal injury or substantial vehicle damage?
YES / NO

If yes, please provide full details.

In the last 12 months have you taken part in any form of record attempt, testing, developmental or experimental cycling? YES /NO
If yes, please provide full details.

In the next 12 months do you expect to take part in any form of record attempt, testing, developmental or experimental cycling? YES /NO
If yes, please provide full details.

I declare that the answers I have provided are truthful to the best of my knowledge, and that I have not withheld any information which may influence the acceptance of my cover. I understand that if any of the answers are later found to be untrue, inaccurate, or intended to mislead the insurers, they will be entitled to declare this insurance invalid and not pay claims or not fully pay claims.

I undertake to inform the insurers of any changes to the answers and information I have provided (after the declaration has been completed and up to the date it is accepted by the insurers).

Signed.....Date.....

(Member)

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