

Motor Sport 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 advise how long you have been driving competitively.

Please advise what type of competition license you hold.

Please advise if you compete as an amateur or professional.

Are you sponsored? YES /NO

Do you use a personal vehicle? YES / NO

If no, please advise the owner of the vehicle.

Please advise the locations and circuits where you expect to race in the next 12 months – both inside and outside the UK.

Please advise the locations and circuits raced in the last 12 months – both inside and outside the UK.

Please provide details of the type of vehicle including class / formula of car. E.g. RAC / FIA / ACU.

Please advise the engine capacity of the vehicle.

Please advise the type of events that you have participated in over the past 3 years.

Please advise the name of competitions you have participated in over the past 3 years.

Please advise the type of events that you intend to participate in over the next 12 months.

Please advise the number of races :

To date

In the last 12 months

Expected in the next 12 months

Won in the last 12 months

Have you ever had an accident which resulted in personal injury? YES / NO
If yes, please provide details.

Please advise if you take part in any special record attempts or the testing of prototypes.

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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