

Powerboat Racing 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 the type of powerboats used.

Please advise the maximum speed attained.

Please advise how long you have been powerboat racing.

Please advise what kind of racing you take part in e.g. offshore, circuit

Please advise the location of races.

Please advise the number of races you have taken part in during the last 12 months.

Please advise the number of races you intend to take part in during the next 12 months.

Are you a member of a club? YES / NO

If yes, please provide details including name and address of the club

Have you ever had an accident or sustained an injury whilst powerboat racing?

YES / NO

If yes, please provide details.

Have you taken part in record attempts, testing or other unusual activity? YES / NO
If yes, please provide full details.

Do you anticipate taking part in record attempts, testing or other unusual activity in the future?
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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