

Racing Questionnaire



Submit This Form with your application for better informed underwriting

Client Information

Client Name:					
DOB:	Gender	Height	Weight	Marital Status	
Occupation & Length of Employment:					
Tobacco Use	Never Used	Totally Stopped		Current User	
		Date Stopped		Type Used	
Type of Coverage	Term	UL	Survivor	Amount \$	

Essential Information

1	Has your vehicle been modified in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details:		
2	Have you ever competed, or do you contemplate competing outside the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details, dates and lengths of stay		
3	How long have you been racing?		Do you race professionally?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Over what type of track do you race? (e.g. oval, simulated road....)		What size track do you race on?		

RACING DETAILS

What type of vehicle do you race?	What division series do you race	Last 12 Months			Contemplated Next 12 Months: Number of Races
		Number of Races	Average Speed of Fastest Race	Fastest Speed Attained	
Examples: Automobile – midget, sports car, stock car, championship, drag, kart. Motorcycle – hill climbing, cross country, circular tract. Motorboat – unmodified, modified, experimental Unlimited hydroplane – jet other	Examples: USAC, Indy Cars, Winston Racing Series, Formula, etc				

Confidential

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