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MOTORCYCLE RACING QUESTIONNAIRE Name of Proposed Insured Person: Date of Birth: _ MM/DD/YY Number of years racing? ___ Do you compete professionally or participate part-time (hobby)? If you participate part-time, what is your occupation and the duties involved in your full-time employment? Do you get paid for racing motorcycles? If YES, please provide annual earnings. YES NO Annual Earnings from racing motorcycles: CDN _____ If you get paid for competing in motorcycle racing and have an income from full-time employment, please provde annual earnings from full-time employment. Annual Earnings from full-time employment: CDN ______ What type of coverage is being requested (please check as applicable) Accidental Death & Dismemberment Major Medical Disability What amount of coverage is being requested? What policy term is being requested? Accidental Death & Dismemberment One Year Term Major Medical Two Year Term Disability Three Year Term Are you a member of a racing organisation? If **YES**, please provide name(s). YES NO In what type of motorcycle racing do you participate? Please provide **details**. What is the number of races in which you have competed in the past twelve months? ______ What is the number of races in which you expect to compete in the next twelve months? ______ Where do you expect to travel over the next twelve months for motorcycle racing? Please provide cities and countries. Please provide the exact locations of the races in which you expect to pariticpate. Is the race track asphalt, gravel, sand, concrete or other? Please specify for each location if more than one.

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How many laps are in a race?			
What is the average speed your motorcycle will travel during the race?			
What is the maximum speed your motorcycle will travel during the race?			
What is the make, model and engine size of your motorcycle?			
In which class(es) do you compete? (i.e. pro)			
Are the competitions/events inside, outside or both?			
Do you wear protective gear while competing? If <i>YES</i> , please provide details of equipment used.		S NO	
Have you ever had a racing accident? If YES , please provide details of accident history.	YES	6 NO	
Have you ever suffered an injury as a result of your pariticipation in motorcycle racing? If YES , please provide details of injury(ies) (i.e. diagnosis, treatment, prognosis).	YES	6 NO	
Signature of Proposed Insured Person: Date	e:		_
<u> </u>		M/DD/YY	

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