



Racing Questionnaire

Agent Name: _____ Phone #: _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. Does the proposed insured hold a racing competition license? Yes No

2. How many years has the proposed insured been active in motor sports? _____

3. Racing information:

a) Type of vehicle: _____

b) Type of race: _____

c) Number of races in the past 12 months: _____

d) Number of races in the 2 years prior: _____

e) Number of races anticipated in the next 12 months: _____

f) Type of track/course: _____

g) Location of track/course: _____

h) Do you travel to other localities to race? Yes No

i) Horsepower and/or engine displacement: _____

j) Formula: _____ Production: _____

k) Maximum speed attained: _____ mph

l) Does the proposed insured race professionally or for cash prizes? Yes No

m) Does the proposed insured belong to any sanctioned group? Yes No

If yes, provide details: _____

n) Has the proposed insured ever engaged in stunt driving? Yes No

If no, does the proposed insured ever intend to? Yes No

4. Racing history: (include midget, sports car, stock car, modified, championship, drag, go-cart, motorcycle, motorboat, hydroplane, etc.)

Type of Vehicle	Type of Event	Type of track/course with location	Past 12 Months		Prior 1-2 Years		Estimated Next 12 Months	
			Number	Miles	Number	Miles	Number	Miles

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