BROOKFIELD PARTNERS

Racing Questionnaire

UNDERWRITING QUESTIONNAIRE

AGENT & CASE INFORMATION

AGENT NAME | PHONE | E-MAIL

PROPOSED INSURED

CLIENT NAME | DATE OF BIRTH | STATE

HEIGHT | WEIGHT | FACE AMOUNT

Sex: ☐ Male ☐ Female

Tobacco / Nicotine Use: ☐ Yes ☐ No

COVERAGE REQUESTED

Type of Insurance: ☐ Universal Life ☐ Whole Life ☐ Survivorship

☐ Term — number of years:

QUESTIONNAIRE

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) Does the proposed insured 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	Track / course and location	Past 12 months — number	Past 12 months — miles	Prior 1–2 years — number	Prior 1–2 years — miles	Est. next 12 months — number	Est. next 12 months — miles