Underwriting Questionnaire Racing

Underwriting Questionnaire	
Racing	Hinderwilling
	Date
	Date of Birth
Male Female	
	Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No Date of last use Type
Automobile Stock Car Championship Drag Sports car Sprint Go-Kart Other Motorcycle Hill climbing Enduro Drag Flat track Noto cross Other Notorboat Snowmobile	Number of races in last 12 months One to two years ago Lifetime Plan to in the next 12 months Date of last race Make and type of vehicle Formula and/or engine displacement Formula and/or engine displacement Top speed Average speed Usual distance of race Do you compete for cash prizes? Yes Cities/towns where you race Describe track layout and surface Vehicle class Organization(s) which sanctions your races Do you plan to do any other type of racing?
	If yes, give details



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