

Identification

 Policy:

 Name of person to be insured:

 First Name of person to be insured:

 Date of birth: / /
year / month / day
Section Racing

1. Type of race:

 Sport car
 Stock car
 Drag
 Formula car (type of formula)
 Motorcycle (type)
 Snowmobile

 Others (detail) _____

2. What type of vehicle do you drive? _____

Who is the owner? _____

 3. Type of track? Oval
 Roads circuits
 Others (detail) _____

 Track surface: Dirt road
 Paved
 Ice
 Other (detail) _____

4. Indicate the number of races that you have participated in and the distance travelled.

Location: _____

In the last 12 months. Number (km/miles) _____

In the last 12 to 24 months. Number (km/miles) _____

In the next 12 months. Number (km/miles) _____

 5. Do you participate as: A professional
 An amateur
 Both


Racing (...continued)

6. Who sanctions these races? _____

7. Have you ever had an accident while racing? Yes No

If yes, details: _____

8. Additional information:

If you cannot meet the standards of full coverage at standard rates, would you prefer:

Full coverage with an extra premium, if we can offer this to you?

Coverage with restrictions, if we can offer this to you?

I, the undersigned, declare that the above answers are true and complete and shall form part of my application for insurance with Humania Assurance.

Signed at: _____

Date:

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year / month / day

Signature of witness: _____

Signature of person to be insured: _____