

Hazardous activity questionnaire for power boat racing

(To be completed by the applicant)

Failure to disclose relevant information could mean that we do not pay your claim and all cover may be cancelled.

Details of the life to be insured

Attaching to application number (if known)

Title Miss Ms Mrs Mr Other

Surname

Forename(s)

Date of birth

1. How many years have you been participating in power boat racing?

2. How often do you race?

To date

Last 12 months

Next 12 months

3. Do you take part in professional or amateur racing events? No Yes (Please provide full details including names of events, number of races per year and sponsorship etc)

4. Are you a member of any power boat racing club or national association? No Yes (Please provide full details)

5. What type of power boat racing do you participate in? (Please tick if applicable)

Circuit Jetsprint Offshore Trails Drag Other

6. What type(s) of boats do you race?

Craft

Category

Class or formula

Engine capacity

7. What is the top speed that you have attained during racing or practice?

8. Have you ever competed or do you intend to compete overseas in local or international events?

No Yes (Please provide full details)

9. Have you ever had an accident or sustained an injury as result of your power boat racing activities?

No Yes (Please provide full details)

Declaration

I declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application. I agree that this questionnaire is part of the application on my life and that failure to disclose any material fact known to me may invalidate the contract.

Signature of life to be insured

Date