

Hazardous activity questionnaire

for motorcycle sports (for motor car please use the motorsports questionnaire)

(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 motorcycle sports?

2. Do you take part in professional or amateur motorcycling events?

No Yes (Please provide full details including sponsorship, team or employer details etc)

3. Are you a member of any motorcycling club or national association?

No Yes (Please provide full details including sponsorship, team or employer details etc)

4. For the type of motorcycle racing you participate in, please provide details on:

First type of motorcycling racing

Second type of motorcycling racing

a) Type of motor sport (e.g. motocross, speedway, enduro)

b) Type of motorcycle

c) Category, class, formula

d) Engine capacity

e) Name of circuits

f) Name of events or competitions

5. For the type of motorcycle racing you participate in, please provide details on the total number of:

a) Races to date

b) Races in the last year

c) Races in the next 12 months

If you take part in more than two types of motorcycle racing please provide details on a separate sheet

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

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

No Yes (Please provide full details)

8. Have you taken part in any special riding or training course?

No Yes (Please provide full details)

9. What licence(s) do you hold?

(Please provide full details)

10. Have you incurred any driving violations in the last 3 years or has your driving or racing licence ever been revoked, suspended or otherwise restricted?

No Yes (Please provide full details)

11. Have you been medically examined to establish your fitness to ride or race?

No Yes (Please provide full details)

Date of last examination

Name of the examining doctor

Address of the examining doctor

Postcode

Details of any medical restrictions that were imposed

12. Have you ever had an accident or sustained an injury as a result of your motorcycling 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