

Form Pst 04 - Supplementary Questionnaire
Motor Sports (For Motorcar Racing & Motor Cycle Racing)

Full Name: _____ **Date of Birth:** _____

Please remember that failure to answer the relevant questions fully may affect the underwriting decision and therefore terms offered may be amended or withdrawn.

1. How long have you been engaged in competitive motor sport?

2. What type of competition licence do you hold?

3. Do you compete as an amateur or professional? Amateur Professional

4. Are you sponsored? Yes No If **yes**, please give details:

5. Do you compete or intend to compete outside the UK? Yes No If **yes**, please give details & state if FIA/ACU sanctioned events:

6. In what type of event do you compete?
(ie: circuit, grass track, moto x, rallies etc)

7. Please give full details about the type of vehicle you drive/ride, including engine capacity, make and model:
a) Type of Car (ie: single seater, GT, saloon, Kart etc)

b) Type of Motor Cycle

8. What is the name of the category/formula and championship that you compete in?

9. Do you anticipate a change of category or class etc in the future? Yes No If **yes**, please give details:

Note:
Please ensure your answers given in this questionnaire are, to the best of your knowledge, true and complete and that no information is withheld which may influence the acceptance of the application(s) for Life Assurance, Critical Illness cover, Income or mortgage payment protection. Failure to disclose any material facts known may affect the payment of benefits. If you fail to provide any of this information or if you mis-state any information this could affect the payment of any benefit under the policy(ies). If you are uncertain as to the relevance of any such information please disclose it anyway.

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10. Please indicate the number and type of events completed:

a) in the last 12 months

b) in the next 12 months

11. Where are the events held?
(If you race in the Isle of Man TT please say so).

12. When racing do you:

Motor Cycle: a) wear full protective clothing?

Yes No

Motor Car: b) wear flame-proof racing overalls?

Yes No

c) normally use a full safety harness?

Yes No

d) carry any automatic fire extinguisher system? Yes No

13. Please give details of any accidents which have resulted in you being injured.

14. Do you engage in any special record attempts or the testing of prototypes (including testing of chassis, engine or tyre testing)?

Yes No If **yes**, please give details:

15. Please state any additional factors which may be relevant..

Note:
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If you are uncertain as to the relevance of any such information please disclose it anyway.