

Motor Car, Cycle or Boat Racing Questionnaire

Title Surname
[] []

Given name(s)
[]

Date of birth
[/ /]

1 What type of motor sports do you participate in?
[]

2 Do you engage in professional or amateur racing?
No
Yes
Please provide details
[]
[]
[]

3 In what events and categories do you race? (please use CAMS category descriptions where applicable)
[]
[]
[]

4 What is the name of the organisation that regulates and administers these events?
[]

5 What are the locations for these events?
[]
[]
[]

6 What is the engine size?
[]

7 What maximum speed is reached?
[]

8 How many times do you race per year?
[]

9 Do you intend to change the scope of your current participation?
No
Yes
Please provide details, including dates
[]
[]
[]

10 Have you ever suffered injuries requiring hospital admission or other medical treatment?
No
Yes
Please provide details, including dates
[]
[]
[]

DECLARATION

The answers to the questions above are true and complete and this supplementary questionnaire forms part of my application for insurance.

Signature
X Date / /

Please return this completed form to:
Smartsave
PO Box 1282
Albury
NSW 2640