

AGENTS INSURANCE SERVICES of AMERICA, Inc.
Email: to UndSolutions@cs.com or Fax to: (760) 435 9703
Telephone: (760) 435 9702

Racing Questionnaire

Name _____ Date of birth _____

1. Do you hold a competition drivers license from any organization? List all. _____
2. Have you ever attended any type of driver's school? Which? _____
3. How long have you participated in racing? _____
4. Over what type of track or course do you race? (e.g., dirt oval, simulated road, off road, etc.) _____
5. Date of you last race. Where? _____
6. How far do you travel to race? _____ 7. Have you ever competed, or do you intend to compete outside the U.S.? Where? _____
8. Do you intend to enter a new class of competition? Please give details. _____
9. Have you ever done, or do you intend to do any stunt driving? _____
10. Is racing your full-time occupation? Yes [] No [] 11. Do you compete on a traveling circuit? If so which? _____ -

12. Give particulars by types of races, and miles driven in competition, state "none" where none, as provided below:								
Types of races/ Sanctioning body*	Last 12 months				1-2 yrs ago		Contemplated next 12 months	
	No. of races	Miles per race	Max. speed attained	No. of races	Miles	No. of races	Miles	Max. speed expected

* i.e. NASCAR LATE MODEL STOCK, IHRA FUNNY CAR, IMSA GT-T, STREET STOCK, etc.

Agent Name: _____ **Address** _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____ **Email:** _____ **The information gathered above will be used**
in the evaluation of the insurability of the applicant. All offers are tentative and are subject to
verification of the submitted medical evidence and other criteria used in the underwriting of life
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