



NAME		
FIRST NAME		
DATE OF BIRTH		APPLICATION OR POLICY NUMBER
D	M	Y

QUESTIONNAIRE FOR MOTOR BOAT RACING

1. **Type of Racing:**

<input type="checkbox"/> Closed Circuit	<input type="checkbox"/> Lakes or Rivers
<input type="checkbox"/> Drag	<input type="checkbox"/> Speed Records
<input type="checkbox"/> Straight Line	Others: _____

2. **Type of Boat:**

<input type="checkbox"/> Monocoque	<input type="checkbox"/> Thunder Boat
<input type="checkbox"/> Double Hull	<input type="checkbox"/> Speed Boat
<input type="checkbox"/> Hydroplane	Others: _____
<input type="checkbox"/> Jet Boat	

3. **Make and model of the boat:** _____

4. **Average Speed:** _____ **Maximum Speed:** _____

5. **Number of Races:** Last 12 months: _____ Next 12 months: _____

6. **Where:** _____

7. **Number of years of experience:** _____

8. **Have you ever had an accident while racing?** Yes No

If yes, provide the complete details: _____

If your application is not approved standard, do you wish:

<input type="checkbox"/> a rating
<input type="checkbox"/> an exclusion

I declare that all statements and answers provided above are complete and true and that this information shall form part of my insurance application with **UL Mutual**.

X _____ SIGNATURE OF THE PROPOSED INSURED	X _____ SIGNATURE OF THE POLICY OWNER
X _____ WITNESS	_____ DATE