



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

## MOTORCYCLING QUESTIONNAIRE

1. For how many years have you been motorcycling? \_\_\_\_\_
2. Since when do you hold a motorcycle driving license? \_\_\_\_\_
3. Have you had motorcycle driving lessons? Yes  No  If yes, which one: \_\_\_\_\_
4. Motorcycle model: Touring  Cruising  Sport  Make and Cylinder: \_\_\_\_\_
5. Usage: City  Highways  Short Distances  Long Distances  Competition   
Other: \_\_\_\_\_
6. Competition:
  - ACROBATICS
  - HARE-SCRAMBLES: Up to 250 cc  More than 250 cc
  - ACCELERATION: Up to 250 cc  251 to 500 cc  More than 500 cc  Other fuels
  - TIME COMPETITIONS
  - MOTOCROSS - SCRAMBLES - T.T.: Motocross Grand prix International or T.T.   
Other races: up to 250 cc  More than 250 cc
  - PRODUCTION RACES – ROAD RACES – SPORTSMEN CLASS:  
Road Races : Grand prix International   
Other: Up to 250 cc  251 to 500 cc  More than 500 cc   
Speed Record
7. Race Locations: \_\_\_\_\_
8. Type of Ground: Soil  Paved  Grass  Other  Explain: \_\_\_\_\_
9. Competition Objective: Professional  Amateur  Both
10. Number of races in the last 12 months: \_\_\_\_\_ next 12 months: \_\_\_\_\_
11. Your average speed: \_\_\_\_\_ Your maximum speed: \_\_\_\_\_
12. Have you ever had accidents? Yes  No  If yes, explain: \_\_\_\_\_
13. Any driving violations in the last 5 years? Yes  No   
If yes, please give details: \_\_\_\_\_
14. What are your futures plans concerning races? \_\_\_\_\_
15. Do you take any medication? Yes  No  If yes, please give details: \_\_\_\_\_

If your application is not approved standard do you wish:  a rating  an exclusion

I declare that all statements and answers provided above are complete and true and that the 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