



## Racing

Please answer all questions applicable to the client's medical history.

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  Term  Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

- Automobile
- Stock Car
- Championship
- Drag
- Sports car
- Sprint
- Go-Kart
- Other
- Motorcycle
  - Hill climbing
  - Enduro
  - Drag
  - Flat track
  - Moto cross
  - Other
- Motorboat
- Snowmobile

Number of races in last 12 months \_\_\_\_\_ One to two years ago \_\_\_\_\_

Lifetime \_\_\_\_\_ Plan to in the next 12 months \_\_\_\_\_

Date of last race \_\_\_\_\_

Make and type of vehicle \_\_\_\_\_

Formula and/or engine displacement \_\_\_\_\_

Top speed \_\_\_\_\_ Average speed \_\_\_\_\_ Usual distance of race \_\_\_\_\_

Do you compete for cash prizes?  Yes  No

Cities/towns where you race \_\_\_\_\_

Describe track layout and surface \_\_\_\_\_

Vehicle class \_\_\_\_\_

Organization(s) which sanctions your races \_\_\_\_\_

Do you plan to do any other type of racing?  Yes  No

If yes, give details \_\_\_\_\_