



**LIFE AND DISABILITY
INSURANCE
QUESTIONNAIRE**

Racing (Car, Boat, Motorcycle) Questionnaire

SECTION I: AGENT INFORMATION

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SECTION II: CLIENT BACKGROUND INFORMATION

Name _____

Sex Male
 Female

Date of Birth _____

Height _____

Weight (if weight changed in the last 12 months, please indicate) _____

Type of Product:
 Term Life
 Universal Life
 Whole Life
 Second to Die
 Variable Life

Coverage Amount _____

Desired Premium Range _____

Occupation (If not currently employed, explain i.e. Retired, Disabled, Social Security Disability, Workmans Comp, other) _____

Ever used nicotine Yes
 No
 Not Applicable
If yes, Date Stopped _____

List types of nicotine used _____

SECTION III: CLIENT MEDICAL INFORMATION

Most significant medical problem _____

Date condition first diagnosed _____

Is client currently seeing a doctor for the above condition? Yes
 No

Date of last visit _____

Most recent BP reading _____

List all medications, including dosage and frequency that the client is currently taking:

List any immediate relatives (parents or siblings) who have died of heart disease, cancer, or diabetic complications prior to the age of 60:

Describe any other impairment, medical or otherwise, which may affect the underwriting process:

Prior company action (Name of company, rating, premium)

Type and dates of surgery or hospital treatment:

SECTION IV: RACING SPECIFIC QUESTIONS

What type(s) of racing does the client participate in (car, boat, motorcycle, kart, etc.)?

What division(s) does the client participate in?

Briefly describe the client's racing background (include age started racing schools attended, past results)?

What racing license(s) does the client currently maintain, include sanctioning body:

Approximately how many races has the client participated in within the last 12 months?

What is the maximum speed at which your client drives during races?

Approximately how many races does the client expect to participate in within the next 12 months?

Briefly describe any injuries sustained by the client while racing or practicing include dates and severity:

Classification of vehicle and type of track?

Is race sanctioned by any association?

- Yes
- No

Optional: Would the insureds like quotes on any other insurance?

- Yes
- No
-

If yes, which (check all that apply)

- Homeowners Auto Boat Contractors Commercial & General Liability
- Business Owners Other _____

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I look forward to serving you,

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