



Motor Sports Questionnaire

Application Reference Number

The questionnaire must be completed by the Life Insured.

Important: No compensation is payable if a Medical Examiner completes this questionnaire.

Particulars of Life Insured

First Name(s)

Last Name

Identity No./Passport No.

Date of birth

Address

Questions about your condition

1. In what capacity do you participate in motor sports? Professional Sponsored Semi-sponsored
- Amateur Other If 'Other', please provide full details:

2. Please indicate in which type of racing you participate and provide full details

Motor car racing

Formula Ford	Formula GTI	Formula 1 (Grand Prix)	Drag racing: C1 - Super stock
Stock cars	Formula Vee	Formula K, Go carting	Drag racing: C1 - Street modified
Hell drivers	Hot rods	Modified saloon cars	Drag racing: C2 - Altered
Off-road cars	Rallies	Group N, Standard production	Drag racing: C3 - Funny car
Other		Veteran, vintage and historic events	Drag racing: C4 - Dragster

Motorcycle racing

Super bikes	Grand Prix (GP)	Standard production	Drag racing: C1 - Hot street
Supercross	Motocross	National short circuit	Drag racing: C1 - Pro street
Flattrack	Enduro	Observed trails	Drag racing: C2 - Special bike
	Speedway	Observed trails	Drag racing: C3 - Funny bike
		Other	Drag racing: C4 - Dragster

If 'Other', please provide full details:

3. Do you participate in international events? Yes No

If 'Yes', please provide full details

4. Have you ever engaged in, or do you intend to engage in, any demonstration or test of any vehicle or accessory equipment?

Yes No If 'Yes', please provide full details

5. Do you participate in any speed record attempts? Yes No

If 'Yes', please provide full details

6. Do you anticipate that your motor sport activity might change in the next year? Yes No

If 'Yes', please provide full details

Declaration by Life Insured

I declare that the above information is true, complete and precise, and I agree that, together with the Proposal of Insurance, it shall form the basis of the Contract of Insurance.

Signature

Date

If you require any further details, please ask your financial adviser.
Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address:
administration@unihealthandlife.com