## Racing

Please answer all question	ns applicable to the client's medical history	у.		
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	f, etc.)? 🗌 Yes	□ No	
Frequency	Date of last use		Туре	
	Number of races in last 12 months		_One to two years ago	
Stock Car Championship	Lifetime	Plan to in the nex	t 12 months	
□ Drag □ Sports car □ Sprint	Date of last race			
Go-Kart Make and type of vehicle				
Motorcycle Hill climbing	Formula and/or engine displacement			
Enduro Drag	Top speed Average s	speed	_Usual distance of race	
Flat track	rack Do you compete for cash prizes?  Yes No			
Other Motorboat	Cities/towns where you race			
☐ Snowmobile	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			

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