



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 _____