AVOCATION QUESTIONNAIRE: RACING Client Name: Date of Birth: Gender: Male Female Height: Weight: Tobacco Usage: Coverage Information: Never Type: Term UL **IUL** WL VUL Survivorship Former Date Stopped: Current Type: Face Amount: Client Resident State: Premium Tolerance: Does the client hold a competitive driver's license from any organization? No Yes If yes, please provide details: How long has the client participated in racing? Date of last race: Location of last race: Type of track (dirt oval, simulated road, etc.) How far does the client travel to race? Has the client ever competed, or do they intend to compete, outside the US? No Yes If yes, please provide details: Does the client intend to enter a new class of competition? No Yes If yes, please provide details: Has the client ever done, or intend to do, and stunt driving? Yes No Is racing the client's full-time occupation? No Yes Does the client compete on a traveling circuit? Yes No If yes, please provide details: In which racing categories has the client participated or plan to participate in the next two years? All Terrain Vehicle Auto Crash Dive Bomber Roll Over T-Bone Demolition Figure 8 Other: Destruction Top Alcohol Drag Racing Top Fuel Prostock Other Kart Formula Kart Experimental Sprint: mph Enduro: mph Off Road Desert (Baja) Other: Midget: mph Sports Car Atlantic \square Formula Continental Ford Vee 440 Other: **Grand Touring** GT-1 GT-2 GT-3 Trans-Am GT-5 Other: **IMSA GT** Other: Production G

☐ Rally	☐ Pro Rall	lying \square Other:		
☐ Showro	oom Stock SSGT	□ SSA □	SSB SSC	Other:
Sports	Racing	☐ Can-Am ☐	CSR DSR	Sports 2000
	Sports Renault	Other:		
☐ Sprint (Cars USAC S	print Car	Other:	
☐ Stock C	Cars			
	Sprint Cup	Winston West	Infinity Series	☐ Modified Division
	USAC S. Mod.	Grand American	All American Chal.	Late Model
	Charlotte/Daytona Dash	Chargers 🗌	ProFormannce/Prostock	Sedan Street Stock
	American Challenge	Other:		
Other:				
Name of Organization Sanctioning Races:				
Local/Regional		National Organization	☐ Not Sanctioned	
<u> </u>				
Provide particulars by race type and miles drive in competition. If none, state none. Last 12 Months				
Racing Category	Number of Races	Miles per Race	Max Attained Speed	
Racing Category	Number of Races	Miles per Nace	Max Attained Speed	
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Provide particulars by race type and miles drive in competition. If none, state none.				
1 - 2 Years Ago				
Racing Category	Number of Races	Miles per Race	Max Attained Speed	
Provide particulars by race type and miles drive in competition. If none, state none.				
Contemplated Next 12 Months				
Racing Category	Number of Races	Miles per Race	Max Attained Speed	
Are there any other hea	alth issues? (Additional O	westionnaires may be re	auired)	□ No □ Yes
Are there any other health issues? (Additional Questionnaires may be required) No Yes If yes, please provide details:				