

# Motor Sports Questionnaire

Including motor vehicle, motor cycle and passenger participation

Gulf Operations

P.O. Box 371916, Dubai, UAE - Tel. 04 415 4555, Fax 04 415 4445

Full name

1. Do you participate as an amateur or professional?

2. Which type of track do you race on, e.g. road, speedway, grass?

3. Please give full details of any past or intended participation in any prototype testing or record attempts.

4. Motor vehicle?  Yes  No

Please circle or complete where appropriate:

Single seater Formula \_\_\_\_\_

Rallying A \_\_\_\_\_ / N \_\_\_\_\_ / Clubman (B) \_\_\_\_\_

Saloon A \_\_\_\_\_ / N \_\_\_\_\_ / Clubman (B) \_\_\_\_\_

Drag racing Top fuel / Jet cars / Others

Karting Indoor / Long circuit / Short circuit

Other

What is the engine capacity in litres?

5. Motor cycle?  Yes  No

Please circle or complete where appropriate:

Event Closed circuit / Restricted / National / International

Drag racing Competition / Pro-street / Street

World championship / Grand prix / TT

Other

What is the engine capacity in cc?

6. Please indicate the number(s) and type(s) of event(s):

Participated to date in total:

Participated in the past year:

Participation expected for the next year:

7. If you intend changing your class, type or frequency of racing in the next 2 years, please provide full details.

## Declaration:

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Name of the Applicant

X

Signature of Applicant

Date