

Motor sports questionnaire

Application number:

Person to be Insured:

1) Please advise what form(s) of motor sport you currently compete in and intend to compete in the future:

- | | |
|--|---|
| <input type="checkbox"/> Open wheel racing cars | <input type="checkbox"/> Motor cycle road or circuit racing |
| <input type="checkbox"/> Sports cars | <input type="checkbox"/> Karts, go karts |
| <input type="checkbox"/> Sedans (circuit racing) | <input type="checkbox"/> Rallies |
| <input type="checkbox"/> Speed events (eg lap dash, hill climbs) | <input type="checkbox"/> Historic |
| <input type="checkbox"/> Speedway – cars or motor cycles | <input type="checkbox"/> Drag racing – cars or motor cycles |
| <input type="checkbox"/> Auscar/Nascar | <input type="checkbox"/> Motor boat |
| <input type="checkbox"/> Off-road events – cars | <input type="checkbox"/> Truck racing |
| <input type="checkbox"/> Off-road events – motor cycles | <input type="checkbox"/> Other |

2) Do you compete as a professional driver/rider or are you sponsored in competition?

Yes No

If 'yes', please provide details.

3) Please complete the following table in respect of each form of motor sport you currently compete or intend to compete in the future:

Class or category of events entered	Full description of vehicle used including engine capacity (Drag racing – include type of fuel, motor boats – advise horse power)	No. of races in the last 12 months	Expected no. of races each year in the future	No. of vehicles in each race	Max. speed
e.g. Funny car, Group II, Class AA/FC	Sedan body petrol				

4) Please provide details of licence held:

(a) What type of competition licence do you hold eg. restricted license, unlimited drag license?

(b) Please advise the name of body issuing the license eg. CAMS

(c) How long have you held a competition license?

5) Do you compete outside of New Zealand?

Yes No

If 'yes', please provide details.

6) Have you ever had an accident while involved in motor sports or had your competition license suspended?

Yes No

If 'yes', please provide details.

7) Since the date of your application have you suffered from any sickness or injury or had any reason to receive medical attention or advice?

Yes No

If 'yes', please provide details.

Your duty of disclosure (to be completed in all cases)

Please read carefully.

- 1) This questionnaire will form part of the application and together with the application, (declaration and any personal statement or telephone interview) shall be the basis of the proposed insurance contract.
- 2) The person insured and the policy owner must tell Asteron Life of any change in circumstances that is material to this application. This duty continues until the application is accepted and a policy document has been issued. This is important even if you have separately discussed something with your adviser. The duty of disclosure also applies if in

future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.

- 3) If the information provided to us is incomplete or incorrect in any material way, then we may decline the application or it may affect the ability to claim in future. If this happens, we may reduce claim benefits or decide not to accept a claim. We may also exercise any legal rights we have to cancel or avoid the policy from inception. Premiums paid may be forfeited and any claims already paid may have to be paid back.

I declare that the answers given above 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 have read and understood the duty of disclosure described above, and acknowledge it is my responsibility to ensure I have provided all material information whether that information has been specifically requested or not.

Signature of the
Person to be Insured

Date