La Capitale

RACING QUESTIONNAIRE

Last name

First name

Date of birth: Year Month Day

Application or Contract No.

Do you plan to take part in or, in the last 2 years, have you taken part in motor-vehicle racing? ◯ Yes ◯ No

1 Type of racing:

a) ☐ Automobile: ☐ Championship ☐ Drag ☐ Sport car ☐ Demolition ☐ Midget ☐ Stock car ☐ Other, please specify: _____

b) ☐ Motorcycle: ☐ Cross-country ☐ Drag ☐ Motocross ☐ Other, please specify: _____

c) ☐ Snowmobile

d) ☐ Watercraft

2 Modified vehicle: ◯ Yes ◯ No **If so:** – for safety: ◯ Yes ◯ No – for performance: ◯ Yes ◯ No

Make: _____ Model: _____ Cylinders: _____

3 Number of races in the last 12 months: _____ Next 12 months: _____

4 Maximum speed: _____ km/h or _____ m/h

Average speed: _____ km/h or _____ m/h

5 Location of races: _____

6 When did you start practising this sport? Year Month

7 Capacity in which you practise this sport: ◯ Amateur ◯ Professional

8 Do you make record attempts? ◯ Yes ◯ No

9 Have you definitively ceased participation in this sport? ◯ Yes ◯ No

10 Additional comments: _____

I hereby acknowledge and agree that the answers to the questions in this questionnaire are true and complete.

Signed at _____ on this _____ day of _____ 20 _____ .

X _____

Signature of proposed insured or of legal guardian, if the proposed insured is under age 18 in Quebec or under 16 in other provinces.

X _____

Signature of witness

La Capitale Civil Service Insurer Inc.
625 Jacques-Parizeau St, Quebec QC G1R 2G5

La Capitale Financial Security Insurance Company
7150 Derrycrest Drive, Mississauga ON L5W 0E5

IND025E (11-2017)