

PERSONAL ACCIDENT PROPOSAL FORM - INTERNATIONAL MOTORSPORTS

PLEASE ANSWER ALL QUESTIONS FULLY AND TICK RELEVANT BOXES. IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS FULLY IN THE SPACE PROVIDED PLEASE USE A SEPARATE SHEET OF PAPER WHICH MUST BE SIGNED AND DATED

Name and Address of Proposer (if different from the Insured Person):

Name and Address of the Insured Person:

Other Contact Details:

Telephone Number(s): _____ E-mail address: _____

Date of Birth: Height and Weight: Race Series:

Occupation: Team: Estimated number of races:

What is your gross contracted salary, exclusive of bonuses this year?

What is the Capital Sum you wish to insure?
Underwriters may ask for justification of this amount.

Who would be the beneficiary under the policy?

Are you currently insured against Accident or Illness Yes No

If 'yes' please supply full details of the policy, including Insurers, the Capital Sum Insured and weekly benefits (if any):

What benefits do you wish to insure?

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| a. Death by Accident | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Permanent Total Disablement due to Accident | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. Accident Temporary Total Disablement (weekly benefit in excess of the first 14 days) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. Permanent Total Disablement due to Illness | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e. Illness Temporary Total Disablement (weekly benefit in excess of the first 14 days) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f. Medical Expenses | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Are you currently in good health (free from injury and/or illness) and have you been so for the last 3 years?

Yes

No

If 'no' please supply full details and complete the table below:

Please advise the number of race activities you have missed and/or the amount of time you were disabled (due to injury or illness) for each of the last 3 seasons/years. If you have not had any injuries/illnesses please complete by writing Nil as applicable)

<i>Season/Year</i>	<i>Missed Events/Time</i>	<i>Injury/Illness</i>

Have you ever had any Drivers Licence revoked, suspended or restricted?

Yes

No

If 'yes' please supply full details:

Have you attended a doctor or hospital due to any ailment or serious illness during the last 3 years?

Yes

No

If 'yes' please supply full details:

Have you had any operations or been involved in any form of accident?

Yes

No

If 'yes' please supply full details including dates:

Have you had any X-Rays, CAT Scans or MRI Scans within the last 3 years?

Yes

No

If 'yes' please supply full details including dates:

Have you taken any prescribed medicine, including course of cortisone, pain reducing or anti-inflammatory medication during the last 3 years?

Yes

No

If 'yes' please supply full details including dates:

Do you participate in any of the following?

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| a. Winter Sports? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Skin Diving involving the use of breathing apparatus? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. Rock Climbing or Mountaineering normally involving the use of ropes or guides? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. Potholing? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e. Parachuting? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f. Horse-riding? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g. Flying (other than as a passenger in a commercial aircraft)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h. Riding motorcycles or motor scooters? <i>If 'yes' please state C.C.</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| i. Football and/or Rugby? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| j. Any other occupation, sport, pastime or activity which is likely to involve extra risk of accident? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If the answer is 'yes' to any of the above questions, please supply full details with the relevant letter:

Has any insurer ever declined to accept or renew, cancelled or accepted only at special terms any life, accident or illness insurance in respect of the person to be insured? Yes No

If 'yes', please supply full details:

DECLARATION

To the best of my/our knowledge and belief, and having diligently made all necessary inquiries the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts.

I/We understand that non-disclosure or misrepresentation of a *material fact will entitle Underwriters to void the Insurance.

NOTE: *A material fact is one likely to influence acceptance or assessment of this Proposal by the Underwriters: if you are in any doubt as to whether a fact is material or not, you must disclose it.

I/We understand that the Underwriters will determine the terms and conditions upon the information provided in connection with this proposal; and I/we further understand that the signing of this proposal does not bind me/us to complete or Underwriters to accept the insurance. Should a contract of insurance be concluded, this Proposal and any supporting information shall be incorporated into and form the basis of the contract.

Signature of Person to be insured (if other than the Proposer)

Dated

Signature of Proposer

Dated