

Motor sports questionnaire

This statement should be completed by the applicant.

Application/policy number:

Full name:

Date of birth:

Please answer the following questions

1 Do you have a CAMS licence?

Yes

No

2 Do you compete as a recreational, amateur or professional?

3 Are you sponsored or a member of a racing team?

Yes

No

4 Please give details of the make and class/formula of car or motor cycle:

5 What type of events do you compete in?

Continued overleaf

6 What is the engine capacity?

7 What is the maximum speed attained?

8 How many events do you compete in each year?

9 Have you ever had an accident or sustained an injury whilst motor racing?

Yes, please give details No

10 Has your competition licence ever been suspended or restricted?

Yes No

Declaration

I declare that the answers given are true and correct to the best of my knowledge and I agree that they shall form part of my application for insurance. I further declare that there has not been any change in my health, occupation or pastimes since completing my application for insurance. Any changes in my personal circumstances are disclosed below.

Name of life insured:

Date:

Signature:

Macquarie Life



Admin/Underwriting Freecall 1800 005 057
Sales Freecall 1800 451 769



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FORWARD thinking



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