



Appletree Financial Network AVOCATION - RACING QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
 Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
 Broker's Name: _____ Face Amount: _____
 BGA: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

AUTO RACING - SECTION A

- Are you affiliated with any racing organizations? No Yes, Organizations
- What type(s) of car do you use for racing?
 Stock car Midget Dragster Modified
 Sports car: Class Other:
- What type of course do you race on?
 Paved track Dirt track Drag strip Closed road or airstrip
 Oval Other(s):
- What type(s) of racing do you participate in?
 Professional Amateur Speed Skill
 Other(s):
- What type(s) of fuel do you use?
- What is the average length of track you race on?
- What is the average number of miles per race?
- Give the maximum speed you have reached in racing: _____ mph
- Do you anticipate doing any other type of racing? No Yes, Details:
- Number of races you have entered in the last 12 months?
- Number of races you expect to enter in the next 12 months?

MOTORCYCLE RACING - SECTION B

- Are you affiliated with any racing organizations? No Yes, Organizations
- What type(s) of event(s) do you participate in?
 Scramble meets Hill climbing Road or track racing
 Other(s):
- Give size and type of motorcycle:
- Give the maximum speed you have reached in racing: _____ mph
- Number of races you have entered in the last 12 months?
- Number of races you expect to enter in the next 12 months?

MOTORBOAT RACING - SECTION C

- Are you affiliated with any racing organizations? No Yes, Organizations
- What type(s) of event(s) do you participate in?
 Local National For record speeds
 Other(s):
- Describe your boat: Type _____ Motor Size _____
 Length _____ and Class _____
- Give the maximum speed you have reached in racing: _____ mph
- Number of races you have entered in the last 12 months?
- Number of races you expect to enter in the next 12 months?

Underwriter's Notes:

Date: _____ Proposed Insured's Signature _____ FAX: 952-853-0935