

## Racing Questionnaire

### SECTION I: AGENT INFORMATION

Full Name of Agent:

Agent's Phone Number

Agent's Fax Number

Agent's E-mail

### SECTION II: CLIENT BACKGROUND INFORMATION

Client's Name

Date Of Birth:

Sex:  Male  Female

Smoker:  Smoker  Non-smoker

If history of smoking, date stopped?:

Occupation? (if not currently employed explain - ie:  
disabled, Social Security Disability Workman's Comp., etc.)

Type of product:

Face amount requested?

Premium Range Desired? (If replacement, list current  
premium and face amount)

Prior company action? (Name of company, rating, premium)

Type of medical impairment or other underwriting problem?

Date condition was first diagnosed?

Current height and weight? (If weight has changed in the last 12 months, please indicate)

Current blood pressure readings?

Name all medications currently being taken. Include dosage and frequency. (ie: 25mg. 2X per day)

Is client currently seeing a doctor for listed condition? Date of last visit?

Types and dates of surgery or hospital treatment?

Has any immediate relative (father, mother, sister, brother) died prior to age 60 of heart disease, diabetes complications, or cancer?

Any other medical history?

What is the maximum speed at which your client drives during races?

If racing, what type of vehicle?

What type of event?

Classification of vehicle and type of track?

Is race sanctioned by any association?

How many races in the past 12 months?

How many races expected in the next 12 months?