

Application Reference Number

The questionnaire must be completed by the Life Insured.

Important: No compensation is payable if a Medical Examiner completes this questionnaire.

Particulars of Life Insured

First Name(s)

Last Name

Identity No./Passport No.

Date of birth

Address

General questions

1. In what capacity do you participate in motor sports? Professional Sponsored Semi-sponsored
 Amateur Other If 'Other', please provide full details:

2. Please indicate in which type of racing you participate and provide full details

Motor car racing

| | | | |
|--|---|---|--|
| <input type="checkbox"/> Formula Ford | <input type="checkbox"/> Formula GTI | <input type="checkbox"/> Formula 1 (Grand Prix) | <input type="checkbox"/> Drag racing: C1 - Super stock |
| <input type="checkbox"/> Stock cars | <input type="checkbox"/> Formula Vee | <input type="checkbox"/> Formula K, Go carting | <input type="checkbox"/> Drag racing: C1 - Street modified |
| <input type="checkbox"/> Hell drivers | <input type="checkbox"/> Hot rods | <input type="checkbox"/> Modified saloon cars | <input type="checkbox"/> Drag racing: C2 - Altered |
| <input type="checkbox"/> Off-road cars | <input type="checkbox"/> Rallies | <input type="checkbox"/> Group N, Standard production | <input type="checkbox"/> Drag racing: C3 - Funny car |
| <input type="checkbox"/> Other | <input type="checkbox"/> Veteran, vintage and historic events | <input type="checkbox"/> Drag racing: C4 - Dragster | |

Motorcycle racing

| | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Super bikes | <input type="checkbox"/> Grand Prix (GP) | <input type="checkbox"/> Standard production | <input type="checkbox"/> Drag racing: C1 - Hot street |
| <input type="checkbox"/> Supercross | <input type="checkbox"/> Motocross | <input type="checkbox"/> National short circuit | <input type="checkbox"/> Drag racing: C1 - Pro street |
| <input type="checkbox"/> Flattrack | <input type="checkbox"/> Enduro | <input type="checkbox"/> Observed trails | <input type="checkbox"/> Drag racing: C2 - Special bike |
| | <input type="checkbox"/> Speedway | <input type="checkbox"/> Quad biking | <input type="checkbox"/> Drag racing: C3 - Funny bike |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Drag racing: C4 - Dragster | |

If 'Other', please provide full details

3. Do you participate in international events? Yes No

If 'Yes', please provide full details

4. Have you ever engaged in, or do you intend to engage in, any demonstration or test of any vehicle or accessory equipment?

Yes No If 'Yes', please provide full details

5. Do you participate in any speed record attempts? Yes No

If 'Yes', please provide full details

6. Do you anticipate that your motor sport activity might change in the next year? Yes No

If 'Yes', please provide full details

Declaration by Life Insured

I declare that the above information is true, complete and precise, and I agree that, together with the Proposal of Insurance, it shall form the basis of the Contract of Insurance.

Signature

Date

dd/mm/yyyy

UL MotorSports Question 12.16

If you require any further details, please ask your financial adviser.

Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address:
administration@unihealthandlife.com