



## RACING QUESTIONNAIRE

Name of Proposed Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Do you hold a competition driver's license from any organization? ☐ Yes ☐ No List all.

2. Have you ever attended any type of driver's school? ☐ Yes ☐ No Which?

3. How long have you participated in racing?

4. Over what type of track or course do you race? (e.g., dirt oval, simulated road, off road, etc.)

5. Date of your last race. \_\_\_\_\_ Where? \_\_\_\_\_

6. How far do you travel to race?

7. Have you ever completed, or do you intend to compete, outside the U.S.? ☐ Yes ☐ No Where?

8. Do you intend to enter a new class of competition? ☐ Yes ☐ No Please give details.

9. Have you ever done, or do you intend to do, any stunt driving? ☐ Yes ☐ No

10. Is racing your full-time occupation? ☐ Yes ☐ No

11. Do you compete on a traveling circuit? ☐ Yes ☐ No If so, which?

Types of Races / Sanctioning Body*	Last 12 months			1-2 Years Ago		Contemplated Next 12 months		
	No. of Races	Miles Per Race	Max. Speeds Attained	No. of Races	Miles	No. of Races	Miles	Max. Speeds Expected

\*i.e., NASCAR LATE MODEL STOCK, IHRA FUNNY CAR, IMSA GT-T, STREET STOCK, etc.

13.	Do you own a competition vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Make and Model	Displacement	Class
14.	Do you have access to any other competition vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Make and Model	Displacement	Class

I represent that all statements and answers to the above questions are complete and true to the best of my knowledge and belief. I agree that they form a part of my application and become a part of any contract of insurance issued on such application.

Dated at \_\_\_\_\_ the \_\_\_\_\_ day \_\_\_\_\_, \_\_\_\_\_

Witness

Signature of Proposed Insured

UNITED OF OMAHA LIFE INSURANCE COMPANY • P.O. BOX 2476 • OMAHA, NE 68103

ATTN: Life Brokerage Services