



COCOLIFE Building, 6807 Ayala Avenue Makati City 1226
Tel. No. 8812-9015 * Fax No. 8812-9039

AUTOMOBILE RACING QUESTIONNAIRE

Name: _____

Birth date: _____

1. How many years have you been racing? _____
2. What driving course(s) have you taken and year(s) taken? _____
3. Racing vehicles you compete in _____

4. Competition(s) _____

5. Name of sanctioning bodies _____
6. Race locations _____
Top Speed _____
7. Number of races last 12 months _____ Next 12 months _____
Specify if more than one category _____
8. Do you race at other than sanctioned races? _____ If yes, please give details, where, how often, vehicle, speeds _____

9. Have you ever had a racing accident? _____ If yes, please give details.

10. What street vehicle(s) do you use? _____

11. Have you had any driving violations within last 3 years? _____
If yes, please give details _____
12. What are your future plans for racing? _____

I declare that the foregoing information is true and complete and shall form part of my Insurance application to COCOLIFE.

Date: _____

Agent: _____

Signature Over Printed Name

(Proposed Insured's Signature)