



# MOTORSPORT DIVISION

## Amateur Motorsport Questionnaire

**Proposed Insured:** FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **ANNUAL INCOME** \_\_\_\_\_

**Full Time Occupation:** \_\_\_\_\_

Confirmation of exactly what type of racing: (are all closed course?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What size (cc) of bike is being raced or type of car (horsepower)? \_\_\_\_\_

\_\_\_\_\_

How many events do you compete in each year? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any on-site medical facilities available at each race meet a racer may drive at? \_\_\_\_\_

### COVERAGES DESIRED

**DISABILITY**—Accident only while racing and practicing only.

Other disability coverages in force while practicing or racing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Elimination Period:

30 Days     60 Days     90 Days

Benefit Period:

24 Months (max)     Other \_\_\_\_\_

**ACCIDENT MEDICAL**—While racing and practicing only.

Will the medical be basically primary or is there any other valid and collectible available? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sum insured requested? \_\_\_\_\_

Deductible requested? \_\_\_\_\_

**AD&D**—While racing and practicing only.

Sum insured requested? \_\_\_\_\_

## PETERSEN INTERNATIONAL UNDERWRITERS

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