



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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