CROIX BLEUE[MD] DU QUÉBEC

Questionnaire

Motor Racing

IDENTIFICATION

Last name:	First name:
Contract N°:	Date of birth: M M D D Y Y Y Y

INFORMATION

1. Is any part of your normal employment involved with motor racing? ☐ Yes ☐ No

   If yes, please provide details: _____

2. How long have you been engaged in motor racing? _____

   Do you race professionally? ☐ Yes ☐ No

   Are you sponsored or a member of a racing team? ☐ Yes ☐ No

   Do you race or intend to race outside of North America? ☐ Yes ☐ No

   If yes to any of the above, please provide details: _____

   _____

3. In what type of racing are you engaged in?

	Event	Type of car	Name of circuit	Number of Races		
				To date	Past 12 months	Next 12 months
Sports car						
Stock car						
Dragster						
Go Kart						
Formula						
Motorcycle						
Snowmobile						
Motorboard						

4. Do you intend to participate in any form of racing, record attempts or to test prototypes other than those stated above? ☐ Yes ☐ No

   If yes, please provide details: _____

5. Have you had any accidents while racing? ☐ Yes ☐ No

   If yes, please provide details: _____

6. Please provide any information relevant to the evaluation of the risk. _____

   _____

DECLARATION

I hereby declare that the above information is complete, accurate and current. I agree that this information will be used as the basis of the assessment carried out in order to establish my eligibility for Canassurance Hospital Service Association and/or Canassurance Insurance Company coverage. I also understand that, once my application has been assessed and approved, the information contained in this form will be an integral part of the insurance policy that will be issued. Any false statements in this form will lead to legal measures, including policy cancellation.

_____ M M D D Y Y Y Y

Signature of the Insured — Date

_____ M M D D Y Y Y Y

Signature of policy holder (if different from Insured) — Date

01VSR0039A (2014-10)