

CLIENT NAME: _____ Date: _____

Male Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: Never used Totally stopped Date stopped: _____ Use now Type of nicotine product: _____

Type of Coverage: Term UL Survivor Disability Coverage Amount: _____

Annual Income: _____ Occupation/Job duties: _____ State of Residence: _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

What type(s) of racing does the client participate in (car, boat, motorcycle, kart, etc)?

What division(s) does the client participate in?

Briefly describe the clients racing background (include age started racing, schools attended, past results)?:

What racing license(s) does the client currently maintain, include sanctioning body:

Approximately how many races has the client participated in within the last 12 months?

What is the maximum speed at which your client drives during races?

Approximately how many races does the client expect to participate in within the next 12 months?

Briefly describe any injuries sustained by the client while racing or practicing, include dates and severity:

Classification of vehicle and type of track?

Is race sanctioned by any association?

Yes

No