



THE LAFAYETTE LIFE INSURANCE COMPANY

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SUPPLEMENT TO APPLICATION
RACING QUESTIONNAIRE

PROPOSED INSURED

DATE OF BIRTH

- 1. Have you engaged in or do you contemplate engaging in any of the following forms of racing?
Automobiles Hydroplanes Motorcycle Snowmobiles
Motorboat Trucks Other(Describe)

Table with 6 columns: Types of Racing*, 1-2 years ago (No. of Races, Total Miles Raced), Last 12 months (No. of Races, Total Miles Raced), Average Speed, Fastest Speed, Contemplated Next 12 months (No. of Races, Total Miles)

* Examples: Automobile - stock, sports, midget, drag, formula, demolition
Motorcycle - hill climb, cross country, circular track
Motorboat - modified, unmodified, experimental Inshore Offshore Other

2. Do you own a racing vehicle or craft? If yes, give type:

3. Name of Sanctioning bodies:

4. What class do you compete in? (Include make, model, engine size and class designation)

5. Have you ever had a racing accident? If yes, explain:

6. Is your racing associated with any particular season of the year? Yes No If yes, describe

7. Have you ever taken instructions for racing? Do you compete professionally?

8. On what type of track do you race? (oval, simulated road, other)

9. On what type of surface do you race? (dirt, paved, snow, water, other)

10. What is the average length of these races? (in miles, laps, or time)

11. If you intend to continue in competitive racing for the foreseeable future, please describe your plans below:

To the best of my knowledge and belief all the statements and answers to the above questions are complete and true, and I agree that they shall form a part of my application for insurance.

Signed at this day of yr

Signature of Witness

Signature of Proposed Insured