UV INSURANCE

INDIVIDUAL INSURANCE

Car Racing Questionnaire

EQC061

Important: Fill out in block letters and answer each section as accurately as possible.

Section A — Collection, Use, and Disclosure of Personal Information

The personal information we collect in this form allows UV Insurance to make a decision about your insurance application.

The personal information is used to:

- Identify the individual
- Establish and update information and the needs of the individual, as appropriate
- Comply with legal and regulatory requirements, including tax rules and the prevention, detection and enforcement of offences, cyber threats and fraud.

The information disclosed on this form will be forwarded to the UV Insurance staff in charge of processing the claim, as well as to any other person authorized by law.

Section B – Insured's Information

1. Application or contract # _____
2. Insured's first name _____ Last name _____
3. Date of birth Y M D

Section C – Questionnaire

1. How many years have you been participating in races? _____
2. Did you take training? ☐ Yes ☐ No If **Yes**, please indicate which one:

   _____
3. Select the race(s) you participate in and indicate the type(s) of vehicle(s) you drive:

Type of race	Type of vehicle
☐ **Acceleration**	☐ Regular gas ☐ High octane ☐ Other _____
☐ **Sports cars**	☐ Canam, Trans Am, Camel, IROC, Camaro ☐ ABC production, All American GT, Porsche ☐ Vintage cars ☐ Other _____
☐ **Sprint cars**	☐ Midget ☐ Sprint ☐ Other _____
☐ **Carambolage**	
☐ **Off-road racing**	
☐ **Demolition derby**	
☐ **Dune buggies, Sand buggies**	☐ Off-road, long distances ☐ Other _____
☐ **Formula**	☐ Formula 1 ☐ Formula 5000, Atlantic ☐ Formula 2000, 3000 ☐ Formula V, Super V, Ford ☐ Other _____
☐ **Go-Karts**	☐ Enduro, sprint, traditional ☐ Formula, experimental ☐ Other _____
☐ **Indy**	
☐ **Mini car**	☐ Monitored Circuits ☐ Other _____
☐ **Stock cars**	☐ Nascar, Grand National, Grand American, USAC model, ☐ Modified, Supermodified ☐ Amateur, Jalopy, Hobby ☐ Other _____
☐ **All-terrain**	☐ 4 wheels, off-road rally ☐ 4 wheels, long distance ☐ 3 wheels ☐ Other _____
☐ **Other** _____	

Section C – Questionnaire (cont.)

4. Where do the races take place? _____

5. What kind of track are the races on? ☐ Oval ☐ Simulated road ☐ Other _____

6. What kind of surface are the races on? ☐ Dirt ☐ Paved ☐ Other _____

7. What is your average race speed? _____ km/h

8. What is your maximum race speed? _____ km/h

9. What is the purpose of the competitions? ☐ Professional and/or ☐ Amateur

10. How many races have you competed in over the past 12 months? _____

11. How many races do you plan to compete in during the next 12 months? _____

12. Have you ever been in an accident? ☐ Yes ☐ No
    If **Yes**, please provide details: _____

13. What are your plans for future races? _____

14. Additional comments

If your application is not accepted at the regular premium rate, what would you accept? ☐ Additional premium ☐ Exclusion

Section D – Signatures

By signing, you understand that if any of your personal information is inaccurate, incomplete or ambiguous, you may request a correction by submitting a request to UV Insurance. You also have the right to request information about how your personal information is used.

In addition, you may withdraw your consent to the disclosure or use of your personal information at any time by making a request to the UV Insurance Privacy Officer at the following address: 1990 Jean-Berchmans-Michaud Street, Drummondville, QC J2C 7G7.

For more details, please visit our website and see our **Privacy Policy.**

The undersigned confirms that they have reviewed the above information and agree to the collection, use and disclosure of the personal information contained herein. This consent also applies to the collection, use and disclosure of the beneficiaries' personal information, and the undersigned confirms that prior consent has been obtained from such beneficiaries.

I declare that the above information is complete and accurate and that it will form part of my insurance application with UV Insurance.

Signed in _____ Y M D

X _____ **X** _____

Signature of person to be insured | Owner's signature (required if insured under age)

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