UV INSURANCE

INDIVIDUAL INSURANCE

Motorcycle Questionnaire

EQC059

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 – Motorcycle Driving Questionnaire

1. How many years have you been driving a motorcycle? _____
2. How long have you had a motorcycle driver's licence? Y M D
3. Have you taken motorcycle driving courses? ☐ Yes ☐ No
   If **Yes**, specify which ones: _____

Section D – Motorcycle Competition Questionnaire

1. What kind of competition do you do?

Type of competition	Race specifications
☐ **Acrobatics**	
☐ **Hare-scrambles**	☐ Up to 250 cc ☐ More than 250 cc
☐ **Acceleration**	☐ Up to 250 cc ☐ 251 to 500 cc ☐ More than 500 cc ☐ Other fuels _____
☐ **Time competition**	
☐ **Motocross – Scrambles – T.T.**	☐ Motorcross or T.T. International Grand Prix **Other races:** ☐ 251 to 500 cc ☐ More than 500 cc
☐ **Production race | Road races | Sportsman class**	Road racing: ☐ International Grand Prix Other: ☐ Up to 250 cc ☐ 251 to 500 cc ☐ More than 500 cc ☐ Speed record

2. Where do the races take place? _____

Section D – Motorcycle Competition Questionnaire (cont'd)

3. What surface are the races on? ☐ Dirt ☐ Paved ☐ Grass ☐ Other _____
4. What is the purpose of the competitions? ☐ Professional and/or ☐ Amateur
5. What is your average race speed? _____ km/h
6. What is your maximum race speed? _____ km/h
7. How many races have you competed in during the past 12 months? _____
8. How many races do you plan to compete in during the next 12 months? _____
9. Have you ever been in an accident? ☐ Yes ☐ No
   If **Yes**, please provide details: _____
10. What are your future plans for racing? _____
11. Additional comments

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

Section E – Signature

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, the undersigned and person to insure, 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)

Send the form to the following email address: ind.client@uvinsurance.ca
P.O. Box 696, Drummondville (Quebec) J2B 6W9 ■ Phone: 819 478-1315 ■ Toll-free: 1 800 567-0988 ■ Fax: 819 474-1990

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