UV INSURANCE

INDIVIDUAL INSURANCE

Motorboat Racing Questionnaire

EQC049

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. What kinds of races do you compete in?
   ☐ Closed circuit ☐ Lakes or rivers ☐ Acceleration (drag) ☐ Speed records
   ☐ Straight line ☐ Other _____
2. What kind of boat do you pilot?
   ☐ Single-hulled ☐ Thunderboat ☐ Double-hulled ☐ Speed boat ☐ Hydroplane ☐ Jet boat ☐ Other _____
3. What is the make and model of your boat?

Make	Model

4. What is the average speed of your races? _____
5. What is the maximum speed of your races? _____
6. How many races did you compete in during the last 12 months? _____
7. How many races do you plan to compete in during the next 12 months? _____
8. Where do the races take place? _____
9. How many years of experience do you have? _____
10. Have you ever been in an accident during a race? ☐ Yes ☐ No
    If **Yes**, please provide details: _____

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

Section D – Consent and 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 further details, please visit our website and consult 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 _____ _____

Signature of person to be insured | Signatory's name in block letters

X _____ _____

Owner's signature (required if insured under age) | Signatory's name in block letters

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