

Motor Cycle/Motor Sport

i Important information

Please remember that all the information requested in this questionnaire is taken into account when assessing acceptance of the application and in calculating the premium. If you do not give any of this information or if you misstate any information, it may mean that a claim is not paid or the policy is amended or cancelled.

Where examples are shown, they are not intended to be a complete list.

Name

Title Initials Surname

Date of Birth

Application Number/
Reference

1 Is your involvement limited to occasional track days or marshalling only?

Yes No

If 'No', please continue to question 2.

If 'Yes', please state which applies:

Marshalling

Track days (Car)

Track days (Bike)

If you have stated 'Track days (Bike)', please answer the following:

a) Is the bike road legal? Yes No

b) Please state the number of track days attended each year

2 What is the name of the discipline/classification/category/formula and championship in which you compete?

3 If you take part in drag racing, do you use top fuel vehicles/ bikes or jet cars?

Yes No

4 Please state make/model and engine size.

5 Please indicate the number and type of events.

	Number	Type of events (if applicable please state whether closed, restricted or national events)
a) In last year	<input type="text"/>	<input type="text"/>
b) In current year	<input type="text"/>	<input type="text"/>
c) Planned for next year	<input type="text"/>	<input type="text"/>

6 Do you intend to compete outside the UK?

Yes No

If 'Yes':

a) Are the events actioned by the FIA/ACU? Yes No

b) Do you participate in:

 i) World Championships? Yes No

 ii) Grand Prix? Yes No

 iii) TT Racing? Yes No

7 Are you involved with prototype testing or record attempts?

Yes No

If 'Yes', please give full details.

8 If you have any further information not covered by the previous questions please provide it here.

CUSTOMER DECLARATION

By accepting this:

- I agree that the information given in this questionnaire has been provided truthfully and accurately.
- I agree that this questionnaire will form part of my application and the information provided here will be used for assessing my application and any subsequent claim.
- I am aware that the information provided will form part of the legal relationship between us and if any of it is found to be incorrect/missing it may mean that a claim is not paid or the policy is amended or cancelled.
- I will immediately inform Legal & General if there are any changes to any answers given on the questionnaire before the policy starts.

Signature

Date

Contact us



legalandgeneral.com

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Registered in England and Wales No.166055
Registered office: One Coleman Street, London EC2R 5AA

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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