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FREESTYLE MOTORCROSS QUESTIONNAIRE

Name of Proposed Insured Person: _____ Date of Birth: _____
MM/DD/YY

Number of years participating in Freestyle Motorcross? _____

Do you compete professionally or participate part-time (hobby)? _____

If you participate part-time, what is your occupation and the duties involved in your full-time employment?

Do you get paid for competing in Freestyle Motorcross? If **YES**, please provide annual earnings. **YES** **NO**
CDN _____

If you get paid for competing in Freestyle Motorcross and have an income from full-time employment, please provide annual earnings from full-time employment. CDN _____

What type of coverage is being requested (please check as applicable)

Accidental Death & Dismemberment	_____
Major Medical	_____
Disability	_____

What amount of coverage is being requested?

Accidental Death & Dismemberment _____
Major Medical _____
Disability _____

What policy term is being requested?

One Year Term _____
Two Year Term _____
Three Year Term _____

Are you a member of a Freestyle organisation? If **YES**, please provide name(s). **YES** **NO**

In what type of Freestyle do you participate? Please provide **details**. _____

What is the number of appearances you have made in Freestyle Events in the past twelve months? _____

What is the number of Freestyle Events in which you expect to participate in the next twelve months? _____

Where do you expect to travel over the next twelve months for Freestyle Events? Please provide **cities** and **countries**.

Please provide the exact locations of any Events/Competitions you expect to participate in. _____

Please identify the type of surface on which Events/Competitions will occur? (i.e. asphalt, gravel, sand, dirt, concrete or other) Please specify for each location if more than one.

How many jumps are in a competition? _____

What is the average speed your motorbike will travel during competition? _____

What is the maximum speed your motorbike will travel during competition? _____

What is the make, model and engine size of your motorbike? _____

In which class(es) do you compete? (i.e. pro) _____

Are the competitions/events inside, outside or both? _____

Do you wear protective gear while competing? If **YES**, please provide **details** of equipment used. **YES** **NO**

Have you ever had a Freestyle accident? If **YES**, please provide **details** of accident history. **YES** **NO**

Have you ever suffered an injury as a result of your participation in Freestyle? **YES** **NO**
If **YES**, please provide **details** of injury(ies) (i.e. diagnosis, treatment, prognosis).

DECLARATION:

I hereby warrant that the above statements are true and correct to the best of my knowledge and belief and, that I have not withheld any information which is calculated to influence the decision of the Insurer.

I understand that signing this declaration does not bind me to complete the Insurance but I do agree that, should a Document of Insurance be concluded, this declaration and the statements made herein, together with the Application, shall form the basis of the Insurance.

Signature of Proposed Insured Person: _____ Date: _____

MM/DD/YY