



Diversified Marketing Group, Inc.
AVOCATION - RACING QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
 Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
 Broker's Name: _____ Face Amount: _____
 BGA: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

AUTO RACING - SECTION A

1. Are you affiliated with any racing organizations? No Yes, Organizations
2. What type(s) of car do you use for racing?
 Stock car Midget Dragster Modified
 Sports car: Class Other:
3. What type of course do you race on?
 Paved track Dirt track Drag strip Closed road or airstrip
 Oval Other(s):
4. What type(s) of racing do you participate in?
 Professional Amateur Speed Skill
 Other(s):
5. What type(s) of fuel do you use?
6. What is the average length of track you race on?
7. What is the average number of miles per race?
8. Give the maximum speed you have reached in racing: _____ mph
9. Do you anticipate doing any other type of racing? No Yes, Details:
10. Number of races you have entered in the last 12 months?
11. Number of races you expect to enter in the next 12 months?

MOTORCYCLE RACING - SECTION B

1. Are you affiliated with any racing organizations? No Yes, Organizations
2. What type(s) of event(s) do you participate in?
 Scramble meets Hill climbing Road or track racing
 Other(s):
3. Give size and type of motorcycle:
4. Give the maximum speed you have reached in racing: _____ mph
5. Number of races you have entered in the last 12 months?
6. Number of races you expect to enter in the next 12 months?

MOTORBOAT RACING - SECTION C

1. Are you affiliated with any racing organizations? No Yes, Organizations
2. What type(s) of event(s) do you participate in?
 Local National For record speeds
 Other(s):
3. Describe your boat: Type _____ Motor Size _____
 Length _____ and Class _____
4. Give the maximum speed you have reached in racing: _____ mph
5. Number of races you have entered in the last 12 months?
6. Number of races you expect to enter in the next 12 months?

Underwriter's Notes:

Date: _____ Proposed Insured's Signature _____ FAX: 513-321-1360