



**Risk Assessment– Race Car Driver**

Agent Name:	
Address:	
Email:	
Phone:	
Applicant Name:	
Date Of Birth:	
Sex:	<b>Male</b> <b>Female</b>
Height/Weight:	
Occupation:	
Death Benefit:	
Type of Product:	<b>Term</b> <b>UL</b> <b>Whole Life</b> <b>2nd To Die</b>
Has Client EVER Used Tobacco? <b>YES</b> <b>NO</b>	<b>Date of Last Use:</b>
Specify All Types of Nicotine Used:	<b>Cigarettes</b> <b>Cigar</b> <b>Pipe</b> <b>Other:</b>
Does client hold a Competition license?	<b>Yes</b> <b>No</b>
What racing schools have Been attended?	
Is client a Professional or Amateur driver?	

What racing divisions does Client race in & who is the Sanctioning body?	
How often does client race?	
Where does client race?	
Does client intend on racing In any other class/divisions?	
Describe the Car Used: (displacement, max HP, Chassis & max Speed)	

**Additional Comments:**

**This Questionnaire Must Accompany Your Formal Application.**

**FSA Preliminary Assessment:** \_\_\_\_\_

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