

Motor sports questionnaire

This form is to be completed only on request by Zurich Underwriting. To be completed by the life insured. To avoid delays, please check that all questions have been answered fully. Please use BLOCK LETTERS.

Policy number/s


 Policy type:
 Wealth Protection
 Active
 Sumo
 FutureWise

Duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation is explained in the PDS and the Life Insured's Statement and it applies each time you provide us with information before we issue a policy.

Not meeting your legal duty can have serious impacts on your insurance. Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au.

1 Life insured details

Title	Surname			
Given names		Date of birth	/	/
Address		State	Postcode	
Contact details	Work ()	Home ()		
	Mobile	Email		

2 Motor sports details

(a) What type/s of motor sport activities do you participate in (e.g. circuit racing, drag racing, formula racing, karting, rallies, speedway, stock car racing, time trials, etc)? Please include the C.A.M.S classification for the vehicle/s in which you compete

(b) What type/s of motor vehicles do you drive or crew? Please state the make, model, year of manufacture, engine size, category, group and class details

(c) Please state the nature of your participation:

Recreational
 Competitive
 Sponsored
 Amateur
 Professional

(d) How long have you been participating in motor sports?

(e) Please supply details of your motor sports activities in the last two years

Track/circuit location	Make of vehicle	Size of engine	Type of event	Number of events

2 Motor sports details (continued)

(f) How often do you participate?

Last 12 months	Next 12 months (expected)

(g) Where do you compete or race (please also state the name of all organised events)?

(h) What maximum speeds do you reach?

(i) Other than already stated above, have you ever, or do you have any plans to ever compete or race in another country? Yes No

If 'Yes', provide details

Country and location	Dates

(j) Are you a member of a motor racing club or association? Yes No

If 'Yes', provide details

(k) Do you hold a current C.A.M.S licence? Yes No

If 'Yes', what is the classification

(l) Provide details of any of your licences or certifications attained

Licence/certification	When attained

(m) Have you ever had your licence restricted or suspended for any reason? Yes No

If 'Yes', provide details

(n) Other than already stated above, do you participate in, or do you intend to participate in any time trials, stunts, competitions, record attempts, exhibitions, demonstrations or testing of any vehicle or accessory equipment (e.g. safety equipment)? Yes No

If 'Yes', provide details

(o) Have you ever had an accident or injury arising from competition or practice that required medical attention? Yes No

If 'Yes', provide details including dates

(p) Do you expect to or intend to enter events of a different type or drive different vehicles in the future? Yes No

If 'Yes', provide details

3 Declaration

The proposed life insured states as follows:

1. I have read and understood my duty to take reasonable care not to make a misrepresentation and declare that the statements and answers provided in this application are true, accurate and complete.
2. I have read and understood my duty to take reasonable care not to make a misrepresentation and the consequences of not meeting the legal duty and answering all questions truthfully and completely.
3. I acknowledge that Zurich will rely on statements in this questionnaire in deciding whether to issue an insurance policy and what terms and premium to offer.
4. I authorise Zurich to disclose any information in relation to my application for insurance to any person for the purpose of assisting Zurich to make a decision in relation to my application for insurance.
5. I understand that the insurance applied for shall not become effective until Zurich accepts my application.
6. I authorise my medical practitioner or other professional (i.e. accountant) to disclose any information that they may possess about me to Zurich in relation to my application for insurance or any claim under it.
7. I authorise Zurich to approach any person named in this questionnaire to verify any aspect. In the same way, I authorise any person named in my questionnaire to disclose any information they may possess about me to Zurich.

Name of life insured

Signature of life insured

Date

X

/ /

Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited, Underwriting Department, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to **life.newbusiness@zurich.com.au**

Save File

Print Form