



**BROKERAGE GROUP
INTERNATIONAL, LLC**

Race Car Driver Questionnaire

Broker Name: _____ Date: _____

Phone: _____ Fax: _____

E-Mail: _____

Address/City/State/Zip: _____

CLIENT INFORMATION

Name: _____ M F

Date of Birth: _____ Height: _____ Weight: _____

Occupation: _____

Insurance Amount _____ Insurance Type: Term Universal Life Whole Life

Death Benefit: _____ Second to Die Variable

Have you ever used tobacco or nicotine products? Yes No

If yes, what type of product did you use? Cigarettes Cigar Pipe Other

RACE CAR DRIVER INFORMATION

1. Do you hold a competition license? Yes No

2. What racing schools have you attended? _____

3. Are you a professional or amateur racer? _____

4. What racing divisions do you participate in and who is the sanctioning body? _____

5. How often and where do you race? _____

6. Please describe the car used: displacement, maximum HP, chassis, and maximum speed:

7. Do you intend to race in any other classes/divisions? Yes No

8. Additional Comments? _____

