

		SNOWMOBILING	QUESTION	NAIRE (to be	completed by Proposed	Insured)	
Name:					Application No.:		
1.				recreational	competitive	sponsored sponsored	
2.	Usage:	Recreation	Racing				
3.	Do you do Backcoun	try snowmobiling? Ye	es 🔄 No ur operator -	number of days pe	r year		
4.	Types of races:	Oval CourseTrials	Snowcross		ntry 🗌 Drag	Time Speed	
5.	Are the races:	Professional Races Club Sanctioned Races Non-sanctioned Races				n-sanctioned Races	
6.	Do you travel:	Day Only		and Night	Flat Terrain Only	2	
	Through Bush Across Lakes or Rivers Over Jumps					umps	
7.	7. Hours of snowmobiling in the last 12 months: next 12 months:						
 8. In the future: Do you plan on participating in races if you have not already done so? Yes No If yes, please provide details: 						ase provide details:	
9.	Additional comment	S:					
BM		pany on the day				for insurance made by me to d they shall be of the same effect as	
	-			this	day of	20	
Witness					Proposed Insured		