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RACING SUPPLEMENT

Name of Proposed Insured: _____ Date of Birth: _____

1. Have you engaged in, or do you contemplate engaging in, any of the following forms of racing:

- AUTOMOBILE: YES NO MOTORCYCLE: YES NO
 MOTORBOAT: YES NO HYDROPLANE: YES NO
 SNOWMOBILE: YES NO OTHER(S): YES NO SPECIFY: _____

⇒ If "Yes," give details in chart below:

TYPES OF RACING	1-2 YEARS AGO		LAST 12 MONTHS		AVERAGE SPEED OF FASTEST RACE	FASTEST SPEED ATTAINED	CONTEMPLATED NEXT 12 MONTHS	
	NUMBER OF RACES	TOTAL MILES RACED	NUMBER OF RACES	TOTAL MILES RACED			NUMBER OF RACES	TOTAL MILES

*EXAMPLES: AUTOMOBILE - MIDGET, SPORTS CAR, STOCK CAR, CHAMPIONSHIP, DRAG, KART MOTORBOAT - UNMODIFIED, MODIFIED, EXPERIMENTAL
 SNOWMOBILE - SPEED RACE, DRAG, ENDURO, CLOSED OBSTACLE COURSE, ETC. MOTORCYCLE - HILL-CLIMBING, CROSS-COUNTRY, CIRCULAR TRACK
 UNLIMITED HYDROPLANE - JET, OTHER

2. Describe the vehicle(s) in which you race:

Make: _____ Model: _____ Engine displacement: _____
 Horsepower: _____ Stock or modified: _____ Type of fuel: _____
 Do you own this vehicle? YES NO

⇒ If not, who owns it? _____

- 3.** Through what organization are the races sanctioned? _____
4. In what class do you race? _____
5. Over what period of the year do you race? (e.g. month, six months, entire year) _____
6. How far do you travel to race? _____
7. Have you ever competed or do you contemplate competing outside the United States? _____
 ⇒ If "yes," please explain: _____
8. Over what type of track do you race? (e.g. oval, simulated oval) _____
9. Do you race professionally for cash prizes? _____
10. Additional remarks clarifying answers to above questions: _____

I hereby represent that all of the above statements and answers to all the above questions are complete and true.

 Signature of Proposed Insured

 Date