



310 S. Dale Mabry Hwy, Ste 210  
Tampa, FL 33609  
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### Racing Underwriting Questionnaire

Agent Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Applicant Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex  Male  Female Height/Weight \_\_\_\_\_ / \_\_\_\_\_

Occupation \_\_\_\_\_ Ever use nicotine products? \_\_\_\_\_

If yes, select type :  Cigarettes  Cigar  Chewing tobacco  Other: \_\_\_\_\_

Date last used \_\_\_\_\_ Frequency per month \_\_\_\_\_

Product Applying for:  Term  Universal Face Amount \_\_\_\_\_

1. Do you hold a competition license? Yes No
2. What racing schools have you attended? \_\_\_\_\_
3. Are you a: professional or amateur
4. What type of vehicle does your race? \_\_\_\_\_
5. What racing divisions do you participate in and who is the sanctioning authority?  
\_\_\_\_\_
6. How often and where do you race? \_\_\_\_\_
7. Please describe the car used: displacement, maximum HP, chassis and maximum speed:  
\_\_\_\_\_
8. Do you intend to race in any other classes or divisions?  
\_\_\_\_\_
9. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fax this form to MRW Financial Inc. 813-875-7331 or email to marie@mrwfinancial.com