

POWER BOAT RACING QUESTIONNAIRE

(To be completed by the life insured)

1. Life insured's details

Policy no. _____ Identity no. _____
 Name of insured _____

2. General information

2.1 Do you participate in any of the following?

- | | | | | | | |
|--------------------------|-----|--------------------------|----|--------------------------|-------------------------------|-------|
| a. Circuit racing | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If YES, state class | _____ |
| b. Offshore racing | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If YES, state class | _____ |
| c. Jet powerboat racing | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | | |
| d. Drag powerboat racing | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | | |
| e. Drag powerboat racing | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | | |
| f. Other | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If YES, please supply details | _____ |

2.2 How many times a year do you participate in racing? _____

2.3 Have you ever had an accident while racing? YES NO
 If YES, provide details _____

2.4 Do you intend to engage in any other form of racing in the future other than stated above? YES NO
 If YES, provide details _____

2.5 In what capacity do you participate in power boat racing (e.g. professional, amateur)? _____

2.6 Are you a member of a recognised powerboat racing organisation? YES NO
 If YES, provide details _____

2.7 Are you involved in record attempts? YES NO
 Please supply details _____

3. Declaration by life insured

I declare that the statements above are true and complete and shall form part of my application for insurance and I declare that the statements together with my application shall be the basis of the contract between me and Hollard Life.

Please take note of the following Hollard disclosures

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Initials

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

**Signature
(life insured)**

Date

D	D	M	M	Y	Y	Y	Y
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