FOREIGN DRIVER QUESTIONNAIRE

Safehold MOTORSPORTS
A DIVISION OF INNOVATION GROWTH PARTNERS SPECIALTY, LLC

Named Insured: _____

Policy Number: _____

Effective Date: _____

Driver Information:

Full Name:_____

Address:_____

License Number:_____

Country of Issuance:_____

Date of Birth: _____

Has Driver:

1. Had any auto insurance refused, canceled or expired in the past 5 years (*not applicable in Missouri*)? □ Yes □ No
2. Been excluded or restricted on a policy in the past 5 years? □ Yes □ No
3. Been required to file evidence of financial responsibility in the past 5 years? □ Yes □ No
4. Had their driver's license or driving privileges revoked or suspended in the past 5 years? □ Yes □ No
   (If "Yes," give date and description): _____
5. Received a ticket for speeding, a PBJ (PJC in NC), or any other vehicle code violation within the past 5 years? □ Yes □ No
6. (If "Yes," give date and description of violation(s). If speeding, include your actual speed and the speed limit.)
   _____
7. Ever received any felony convictions? □ Yes □ No
   (If "Yes," give date and description of penalty):_____
8. Had a physical or mental impairment or disability or other medical infirmity? □ Yes □ No
   Identify any such condition (e.g. heart, diabetes, epilepsy, hearing, sight or limb loss, back condition or other medical infirmity) its duration and treatment obtained and/or medication prescribed _____
9. Had any comprehensive losses (deer, fire, glass breakage, theft, etc.) in the past 5 years? □ Yes □ No
10. While driving any motor vehicle, commercial or personal, been involved in an accident during the past 5 years? □ Yes □ No
    Describe accidents regardless of who was at fault._____
    _____
    _____

Please attach copy of Driver's License

SIGNATURE OF INSURED OR PRODUCER	TITLE	DATE

It is understood that the Insurance Company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the questionnaire and all other information being submitted.