



FOREIGN NATIONALS/FOREIGN TRAVEL QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
 Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
 Broker's Name: _____ Face Amount: _____
 Address: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

CITIZENSHIP – SECTION A

1. Are you a citizen of the United States? Yes No
(If yes, proceed to Section B)
2. If you are not a citizen of the United States, what country are you a citizen of?
3. Do you have a green card?
 Yes, Card number:
 No, Visa type:
4. Do you own a home in the United States?
 No
 Yes, Address:
5. Do you own a home in a foreign country?
 No
 Yes, Address:
6. If married, does your family live with you?
 Yes
 No, Where do they live?
7. Business relationship with the United States:

FOREIGN TRAVEL – SECTION B

1. Do you plan to travel outside of the United States within the next year?
 No
 Yes, Where?
2. What is the purpose of your travel outside of the United States:
 Business Frequency: _____ Average length of stay: _____
 Pleasure Frequency: _____ Average length of stay: _____
3. Where do you travel in the foreign country?
 Large cities Towns Rural Other:
4. List all trips taken outside of the United States in the past two (2) years:
 Country: _____ Length of stay: _____
 Country: _____ Length of stay: _____
 Country: _____ Length of stay: _____
 Country: _____ Length of stay: _____
5. List occupational duties performed outside of the United States (including missionary duties):