

## 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: \_\_\_\_\_  
BGA: \_\_\_\_\_ 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): \_\_\_\_\_

Underwriter's Notes: \_\_\_\_\_



Date: \_\_\_\_\_ Proposed Insured's Signature: \_\_\_\_\_