This questionnaire should only be used if you are not a United States citizen or permanent resident (green card holder) living in the U.S. If you are a U.S. citizen or permanent resident, please use the Foreign Travel Questionnaire.

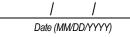
PROPOSED INSURED INFORMATION:

Lega	al Name		Date of Birth		
Country of Birth					
Soci	al Security Number	la d'adale d'Encel Travel d'a a fifica d'	on Number		
1.	Do you have a visa?			🗌 Yes	🗌 No
	If YES, please provide details:			_	_
	Number	Туре	Symbol	Expiratio	n Date
2.	Are you married to a U.S. citizen?				
	If YES, does your spouse live with you?			🗌 Yes	🗌 No
	If NO, where do they live?				
	City		State/Country		
3.					
4.	How many days do you spend in the U.S. per year?				
5.	Do you have plans to move outside of the U.S. in the next two years? If YES, where?			🗋 Yes	🗌 No
c					
6.	Do you own a home in the U.S.?				
	If YES, where?	State		County	
7.	Do you own a home in a foreign country?			,	□ No
	If YES, where?	Country			
8.	Do you have a U.S. bank account?	-		🗌 Yes	🗌 No
9.	Do you have a basic understanding of the English language?			🗌 Yes	🗌 No
10.	Do you plan to travel outside the U.S. in the next two years?			🗌 Yes	🗌 No
	If YES, where?				
	City	Country			
	a. What is the purpose of travel outside the U.S.? 🔲 Business [_ Pleasure			
	b. How often do you travel outside the U.S.?				
	c. Average length of stay for each trip?				
	d. When was your last trip outside the U.S.?				
11.	Are you currently employed on a full-time basis in the U.S.?			🗌 Yes	🗌 No
	If NO, provide reason:				
	If YES:				
	Name of Employer		Employer's Address		
		Occupation and Duties			
	a. How long have you been employed with this employer?				
	b. If less than one (1) year:				
	Previous Employer's Name		Previous Employer's Address		
40		Occupation and Duties			
12.	Do you own a business?			Yes	L NO
	If YES:	Business Address		ype of Business	
		Buomood Addroso	,	1000 1000 1000 1000	
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	a. Where is the business incorporated?			
	b. Does the business have operations in the U.S.?			🗌 No
	c. How long have you owned this business?			
13.	Do you earn U.S. income?			□ No
	-		_	—
	If YES:			
14.	Do you earn income outside the U.S.?		🗌 Yes	🗌 No
	If YES:			
	Do you have established medical care with a doctor or clinic in the U.S.			
15.	If YES:	·		
		Address (No PO Box)	Phone Number	
	a. Date of last visit			
16.	Are you (Proposed Insured) completing this questionnaire?		🗌 Yes	🗌 No
	a. If NO, who is completing this questionnaire?			
	PROPOSED POLICYOWNER INFORMATION (Policy	owner is the Proposed Insured unle	ss otherwise indicated):	
1.	Proposed Policyowner is (check one):			
1.	Family member (U.S. citizen or permanent resident)	Relationship to the Proposed Insured	d.	
	Family member (Non-U.S. citizen and non-permanent resident)	Relationship to the Proposed Insured		
	\Box U.S. Business			
	\Box U.S. Trust			
<u>~</u>	—			
2.	If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resid	ent:		
	a. Proposed Policyowner's Legal Name	N/ /		
	b. Proposed Policyowner's Social Security Number or Tax Identificatio			
	c. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)			·
_	d. Proposed Policyowner's Foreign Home Address (City, Country)			
3.	Does the Proposed Policyowner own a home in the U.S.?		🗋 Yes	L No
	If YES, where?	064		
4.	City Does the Proposed Policyowner own a business?	State	County □ Yes	□ No
	If YES:			
	Name of Business	Business Address	Type of Business	
	a. Where is the business incorporated?			
	b. Does the business have operations in the U.S.?			🗌 No
	c. How long have you owned this business?			
5.	Does the Proposed Policyowner earn U.S. income?		🗌 Yes	🗌 No
	If YES:			
	Total Annual Earned/Unearned Income			
6.	Does the Proposed Policyowner have a basic understanding of the Engli	sh language?	🗌 Yes	🗌 No
	present that the foregoing answers and statements are owledge and belief.	correctly recorded, complete,	and true to the best of my	у
	-			
	y person who knowingly and with intent to injure, defra blication containing any false, incomplete, or misleadin			an
~~		ger manen ie ganty er a felo		
	Signature of Proposed Insured			
	Signature of Proposed Insured	Date	e (MM/DD/YYYY) I I	
	Signature of Proposed Policyowner (if other than Proposed Insured)		I e (MM/DD/YYYY)	
		Duit	······································	

Signature of Licensed Agent

(FL)



Date (MM/DD/YYYY)