

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:

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country(ies) of Citizenship \_\_\_\_\_

Social Security Number \_\_\_\_\_ Individual Tax Identification Number \_\_\_\_\_

1. Do you have a visa? \_\_\_\_\_ Yes No

If YES, please provide details: \_\_\_\_\_
Number Type Symbol Expiration Date

2. Are you married to a U.S. citizen? \_\_\_\_\_ Yes No

If YES, does your spouse live with you? \_\_\_\_\_ Yes No

If NO, where do they live? \_\_\_\_\_
City State/Country

3. How many consecutive years have you been living in the U.S.? \_\_\_\_\_

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? \_\_\_\_\_ Yes No

If YES, where? \_\_\_\_\_
Country

6. Do you own a home in the U.S.? \_\_\_\_\_ Yes No

If YES, where? \_\_\_\_\_
City State County

7. Do you own a home in a foreign country? \_\_\_\_\_ Yes No

If YES, where? \_\_\_\_\_
City 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

Occupation and Duties

12. Do you own a business? \_\_\_\_\_ 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.? .....  Yes  No

c. How long have you owned this business? \_\_\_\_\_

13. Do you earn U.S. income? .....  Yes  No  
If YES: \_\_\_\_\_  
*Total Annual Earned/Uneamed Income*

14. Do you earn income outside the U.S.? .....  Yes  No  
If YES: \_\_\_\_\_  
*Total Annual Earned/Uneamed Income*

15. Do you have established medical care with a doctor or clinic in the U.S.? .....  Yes  No  
If YES: \_\_\_\_\_  
*Name of Doctor/Clinic*                                  *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 (Policyowner is the Proposed Insured unless otherwise indicated):**

1. Proposed Policyowner is (check one):  
 Family member (U.S. citizen or permanent resident)                      *Relationship to the Proposed Insured:* \_\_\_\_\_  
 Family member (Non-U.S. citizen and non-permanent resident)              *Relationship to the Proposed Insured:* \_\_\_\_\_  
 U.S. Business  
 U.S. Trust

2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:  
a. Proposed Policyowner's Legal Name \_\_\_\_\_  
b. Proposed Policyowner's Social Security Number or Tax Identification Number \_\_\_\_\_  
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  No  
If YES, where? \_\_\_\_\_  
*City*                                  *State*                                  *County*

4. Does the Proposed Policyowner own a business? .....  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.? .....  Yes  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/Uneamed Income*

6. Does the Proposed Policyowner have a basic understanding of the English language? .....  Yes  No

**I represent that the foregoing answers and statements are correctly recorded, complete, and true to the best of my knowledge and belief.**

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

\_\_\_\_\_  
*Signature of Proposed Insured*

\_\_\_\_\_  
*Signature of Proposed Policyowner (if other than Proposed Insured)*

\_\_\_\_\_  
*Signature of Licensed Agent*

\_\_\_\_\_  
*Date (MM/DD/YYYY)*

\_\_\_\_\_  
*Date (MM/DD/YYYY)*

\_\_\_\_\_  
*Date (MM/DD/YYYY)*