

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.? _____ 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.? _____ 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/Unearned Income

14. Do you earn income outside the U.S.? Yes No

If YES: _____
Total Annual Earned/Unearned 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
 Other, Please specify: _____

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/Unearned 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.

Signature of Proposed Insured Date (MM/DD/YYYY) / /

Signature of Proposed Policyowner (if other than Proposed Insured) Date (MM/DD/YYYY) / /

Signature of Licensed Agent Date (MM/DD/YYYY) / /