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:

Country of Birth Country (ies) of Citizenship Social Security Number Individual Tax Identification Number 1. Do you have a visa? Individual Tax Identification Number 2. Are you married to a U.S. oitzen? Yes No If YES, bases provide details: Number 2. Are you married to a U.S. oitzen? Yes No If NOS, where do they live? Cov StateCountry 3. How many consecutive years have you been living in the U.S.?	Lega	al Name		Date of Birth				
Social Security Number Individual Tax Identification Number 1. Do you have a vise? If YES, please provide details: Number 2. Are you marined to a US. ofteen? Yes No 2. Are you marined to a US. ofteen? Yes No 3. How many consecutive years have you been living the US.? If Yes, where? Yes No 4. How many consecutive years have you been living the US.? If Yes, where? Yes No 5. Do you have plans to move outside of the US, in the next two years? Yes No 8. Do you own a home in the foreign country? If Yes, where? Yes No 11. Xe you plans be abasic understanding of the English language? State Country If Yes, where? Yes No 11. Xe you plans to reveal voids the US.? Bualness IP Pleasure Yes No If Yes, where? Yes No 11. Xe you plans to reveal voids the US.? Bualness IP Pleasure Country Yes No 11. Xe you own a home in a foreign country? Country Country If Yes, where? Country If Yes, where? No </th <th colspan="2"></th> <th>Country(ies) of Citizensh</th> <th></th> <th></th>			Country(ies) of Citizensh					
If YES, please provide details: Number Type Symbol Explanton Date Are you married to a U.S. oftizen? \(\) Yes \(\) No If YES, does your spouse live with you? \(\) Yes \(\) No If YES, does your spouse live with you? \(\) Yes \(\) No If NO, where do they live? Cq' State/Country If NO, where do they live? Cq' State/Country If YES, where? Country \(\) Yes \(\) No	Soc			on Number				
Name Type Syntol Explanator bate 2. Are you married to a U.S. oftizer?	1.	Do you have a visa?			🗌 Yes 🔲 No			
Name Type Syntol Explanator bate 2. Are you married to a U.S. oftizer?		If YES, please provide details:						
If YES, does your spouse live with you? Image: Spouse live with you? Image: Spouse live with you? 3. How many consecutive years have you been living in the U.S.? Image: Spouse live with you? Spouse your spouse live with you? 4. How many days do you spend in the U.S. per year? Image: Spouse your spouse live with you? Image: Spouse your spouse live with you? Image: Spouse your spouse live with you? 5. Do you have plans to move outside of the U.S. in the next two years? Image: Spouse your spouse live with you? Image: Spouse your your spouse live with you? 6. Do you own a home in the U.S.? Image: Spouse your spouse live with you? Image: Spouse your spouse live with you? Image: Spouse your spouse live with you? 7. Do you own a home in a foreign country? Image: Spouse your spouse and spouse live with your? Image: Spouse your spouse live with your? Image: Spouse your spouse and spouse spouse live with your? Image: Spouse your you own a home in a foreign country? Image: Spouse your your spouse and your you own a bosine in the registed language? Image: Spouse your your your your spouse and your your your spouse spouse your spouse spouse your spouse and your your you your spouse and your your your your yo			Туре	Symbol	Expiration Date			
If NO, where do they live? Cby Stelle-Country 3. How many consecutive years have you been living in the US.?	2.							
Op State/County 3. How many consecutive years have you been living in the U.S.?		If YES, does your spouse live with you?			Yes 🗌 No			
3. How many consecutive years have you been living in the US.?								
4. How many days do you spend in the U.S. per year?		,		State/Coun	try			
5. Do you have plans to move outside of the U.S. in the next two years?	3.	How many consecutive years have you been living in the U.S.?						
If YES, where? County 6. Do you own a home in the U.S. City 7. Do you own a home in a foreign country? Yes 8. Do you own a home in a foreign country? Yes 9. Do you own a home in a foreign country? Yes 9. Do you have a U.S. bank account? Yes 17 YES, where? City 2. Do you have a basic understanding of the English language? Yes 2. Do you have a basic understanding of the English language? Yes 2. Do you have a basic understanding of the English language? Yes 3. Do you have a basic understanding of the English language? Yes 3. Do you have a basic understanding of the English language? Yes 4. What is the purpose of travel outside the U.S.? Country a. What is the purpose of travel outside the U.S.? Country d. When was your last trip outside the U.S.? Country d. When was your last trip outside the U.S.? Yes 11. Are you currently employed on a full-time basis in the U.S.? Yes If YES: Name of Employer If YES: Name of Employer's Address Occupation and Dutius a. How long have you been employed with this employer? b. If less than on	4.	How many days do you spend in the U.S. per year?						
	5.				Yes 🗌 No			
If YES, where? City State County 7. Do you own a home in a foreign country?	•	-						
City State County 7. Do you own a home in a foreign country?	6.	•			Yes 🗋 No			
7. Do you own a home in a foreign country?		If YES, where?	State		County			
If YES, where? Chy Country Yes No 3. Do you have a US, bank account? Yes No No 9. Do you have a basic understanding of the English language? Yes No 10. Do you plan to travel outside the US. in the next two years? Yes No 11. Do you fave of travel outside the US.? Business Pleasure b. How often do you travel outside the US.? Country Country c. Average length of stay for each trip? Country Yes No d. When was your last trip outside the US.? US.? Yes No 11. Are you currently employed on a full-time basis in the US.? Yes No If YES: Name of Employer Previous Employer's Address Yes No If YES: Name of Employer's Name Previous Employer's Address Yes No If YES: No Previous Employer's Name Previous Employer's Address 12. Do you own a business? Yes No No Yes No If YES: Name of Business Business Address Type of Business Yes N	7	,			,			
City Country 3. Do you have a U.S. bank account? Image: State of the English language? 9. Do you have a basic understanding of the English language? Image: State of the Stat	1.							
3. Do you have a U.S. bank account? <pre></pre>			Country					
10. Do you plan to travel outside the U.S. in the next two years?	8.				Yes 🗌 No			
10. Do you plan to travel outside the U.S. in the next two years?	9.	Do you have a basic understanding of the English language?			Yes 🗌 No			
If YES, where?	10.							
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.?								
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.? d. When was your last tr		City	-					
c. Average length of stay for each trip?		a. What is the purpose of travel outside the U.S.? 🔲 Business 🗌 Pleasure						
d. When was your last trip outside the U.S.? 11. Are you currently employed on a full-time basis in the U.S.? 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? Name of Business Business Address Type of Business		b. How often do you travel outside the U.S.?						
11. Are you currently employed on a full-time basis in the U.S.?		c. Average length of stay for each trip?						
If NO, provide reason:		d. When was your last trip outside the U.S.?						
If YES: Name of Employer Employer's Address Occupation and Duties Occupation and Duties a. How long have you been employed with this employer?	11.	Are you currently employed on a full-time basis in the U.S	5.?		Yes 🗌 No			
If YES: Name of Employer Employer's Address Occupation and Duties Occupation and Duties a. How long have you been employed with this employer?		If NO, provide reason:						
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 Name Previous Employer's Address Occupation and Duties 12. Do you own a business? If YES: Name of Business Business Address Type of Business								
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 Cocupation and Duties 12. Do you own a business? Ves Ves No If YES: Name of Business Business Address Type of Business		Name of Employer	Employer's Address					
b. If less than one (1) year:		Occupation and Duties						
Previous Employer's Name Previous Employer's Address 12. Do you own a business? Occupation and Duties If YES:		a. How long have you been employed with this employer?						
12. Do you own a business? Occupation and Duties If YES:		b. If less than one (1) year:						
12. Do you own a business?		Previous Employer's Name		Previous Employer's Addre	SS			
If YES: Name of Business Business Address Type of Business Type of Business								
Name of Business Business Address Type of Business	12.				Yes 🗌 No			
			D		T			
ICC23 40-656-01151 Page 1 FR 04 20 22		Name of Business	Business Address		rype of Business			
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	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?			🗌 No		
	If YES:					
14.	Do you earn income outside the U.S.? If YES:		🗌 Yes	🗌 No		
	Total Annual Earned/Unearned Income					
15.	Do you have established medical care with a doctor or clinic in the U.S.? If YES:)	Yes	🗌 No		
		Address (No PO Box)	Phone Number			
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 unless othe	erwise indicated):			
1.	Proposed Policyowner is (check one):					
	Family member (U.S. citizen or permanent resident)	Relationship to the Proposed Insured:				
	E 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?					
٨	City Does the Proposed Policyowner own a business?	State	County			
4.						
	If YES:	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		

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)
	1 1
Signature of Licensed Agent	Date (MM/DD/YYYY)