



Rapid Risk

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

- Are you a citizen of the United States? Yes No
(If yes, proceed to Section B)
- If you are not a citizen of the United States, what country are you a citizen of?
- Do you have a green card?
 Yes, Card number:
 No, Visa type:
- Do you own a home in the United States?
 No
 Yes, Address:
- Do you own a home in a foreign country?
 No
 Yes, Address:
- If married, does your family live with you?
 Yes
 No, Where do they live?
- Business relationship with the United States:

FOREIGN TRAVEL – SECTION B

- Do you plan to travel outside of the United States within the next year?
 No
 Yes, Where?
- What is the purpose of your travel outside of the United States
 Business Frequency: Average length of stay:
 Pleasure Frequency: Average length of stay:
- Where do you travel in the foreign country?
 Large cities Towns Rural Other:
- 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:
- List occupational duties performed outside of the United States (including missionary duties):

Underwriter's Notes:

Date: _____ Proposed Insured's Signature: _____