

The Brokerage Resource, Inc.
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: _____
Address: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

CITIZENSHIP – SECTION A

1. Are you a citizen of the United States? Yes No
(If yes, proceed to Section B)
 2. If you are not a citizen of the United States, what country are you a citizen of?
 3. Do you have a green card?
 Yes, Card number: _____
 No, Visa type: _____
 4. Do you own a home in the United States?
 No
 Yes, Address: _____
 5. Do you own a home in a foreign country?
 No
 Yes, Address: _____
 6. If married, does your family live with you?
 Yes
 No, Where do they live? _____
 7. Business relationship with the United States: _____
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FOREIGN TRAVEL – SECTION B

1. Do you plan to travel outside of the United States within the next year?
 No
 Yes, Where? _____
 2. What is the purpose of your travel outside of the United States:
 Business Frequency: _____ Average length of stay: _____
 Pleasure Frequency: _____ Average length of stay: _____
 3. Where do you travel in the foreign country?
 Large cities Towns Rural Other: _____
 4. 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: _____
 5. List occupational duties performed outside of the United States (including missionary duties): _____
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Date: _____ Proposed Insured's Signature: _____