

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.

|   |    |    |     |     |      |      |    | -  |    |   |
|---|----|----|-----|-----|------|------|----|----|----|---|
| P | RA | PN | SED | INS | UREI | ) IN | RU | ЛΔ | •1 | N |
|   |    |    |     |     |      |      |    |    |    |   |

| Lega             | al Name                    |  |  | Date of Birth             |                  |           |
|------------------|----------------------------|--|--|---------------------------|------------------|-----------|
| Country of Birth |                            |  | Country(ies) of Citizenshi               | p                         |                  |           |
| Soci             | ial Security Number        |  | Individual Tax Identification            |                           |                  |           |
| 1.               | Do you have a visa?        |  |  |                           | 🗌 Yes            | s 🗌 No    |
|                  | •                          | details:                               |  |                           |                  |           |
|                  |                            | Number                                 | Туре                                     | Symbol                    | Expiratio        |           |
| 2.               |                            |  |  |                           |                  |           |
|                  | If YES, does your spou     | se live with you?                      |  |                           | 🗌 Yes            | s 🗌 No    |
|                  | If NO, where do they liv   |  |  |                           |                  |           |
| •                |                            | City                                   |  | State/Coun                | ,                |           |
| 3.               |                            |  | .?                                       |                           |                  |           |
| 4.               |                            |  |  |                           |                  |           |
| 5.               |                            | nove outside of the U.S.?              |  |                           | 🗋 Yes            | s 🗌 No    |
|                  | If YES, where?             | Country                                | _  |                           |                  |           |
| 6.               |                            |  |  |                           | □ Yes            | s 🗆 No    |
| 0.               | If YES, where?             |  |  |                           |                  |           |
|                  |                            | City                                   | State                                    |                           | County           |           |
| 7.               | Do you own a home in       | a foreign country?                     |  |                           | 🗋 Yes            | 6 🗆 No    |
|                  | •                          |  |  |                           |                  |           |
|                  |                            | City                                   | Country                                  |                           |                  |           |
| 8.               | Do you have a U.S. bar     | nk account?                            |  |                           | 🗌 Yes            | 6 🗌 No    |
| 9.               | Do you have a basic ur     | nderstanding of the English language c | or use a trusted source for translation? |                           | 🗋 Yes            | 6 🗌 No    |
| 10.              | Do you plan to travel o    | utside the U.S.?                       |  |                           | 🗋 Yes            | s 🗌 No    |
|                  | If YES, where?             |  |  |                           |                  |           |
|                  |                            | City                                   | Country                                  |                           |                  |           |
|                  |                            | of travel outside the U.S.?            | iness 🔄 Pleasure                         |                           |                  |           |
|                  | b. How often do you tra    |  |  |                           |                  |           |
|                  | c. Average length of st    | ay for each trip?                      |  |                           |                  |           |
|                  | d. When was your last      | trip outside the U.S.?                 |  |                           |                  |           |
| 11.              | Are you currently em       | ployed on a full-time basis in the U   | J.S.?                                    |                           | 🗋 Yes            | s 🗌 No    |
|                  | If NO, provide reason:     |  |  |                           |                  |           |
|                  | If YES:                    |  |  |                           |                  |           |
|                  |                            | Name of Employer                       |  | Employer's Address        |                  |           |
|                  |                            |  | Occupation and Duties                    |                           |                  |           |
|                  | a. How long have you b     | een employed with this employer?       | ·  |                           |                  |           |
|                  | b. If less than one (1) ye |  |  |                           |                  |           |
|                  |                            | Previous Employer's Name               |  | Previous Employer's Addre | SS               |           |
|                  |                            |  | Occupation and Duties                    |                           |                  |           |
| 12.              | Do you own a business      | s?                                     | Occupation and Duties                    |                           | 🗋 Yes            | s 🗌 No    |
|                  | If YES:                    |  |  |                           |                  |           |
|                  |                            | Name of Business                       | Business Address                         |                           | Type of Business |           |
|                  |                            |  |  |                           |                  |           |
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| If YES:   |     | PROPOSED INSURED  | D INFORMATION – Continued:               |                     |     |  |      |  |  |
|---|-----|---|--|---------------------|-----|--|------|--|--|
| b. Does the business have operations in the U.S.?       Image: second seco  |     | a. Where is the business incorporated?                                |  |                     |     |  |      |  |  |
| 13. Do you earn U.S. income?       Yes       No         If YES:       Total Annual Eamed/Leamed Income       Yes       No         14. Do you earn income outside the U.S.?       Yes       No         If YES:       Total Annual Eamed/Leamed Income       Yes       No         15. Do you have established medical care with a doctor or clinic in the U.S.?       Yes       No         If YES:       Mame of Doctor/Clinic       Address (No PO Bou)       Phone Number         a. Date of last visit   |     |   |  |                     | Yes |  | No   |  |  |
| 13. Do you earn U.S. income?       Yes       No         If YES:       Total Annual Eamed/Leamed Income       Yes       No         14. Do you earn income outside the U.S.?       Yes       No         If YES:       Total Annual Eamed/Leamed Income       Yes       No         15. Do you have established medical care with a doctor or clinic in the U.S.?       Yes       No         If YES:       Mame of Doctor/Clinic       Address (No PO Bou)       Phone Number         a. Date of last visit   |     | c. How long have you owned this business?                             |  |                     |     |  |      |  |  |
| Total Annual Example Decome         14. Do you earn income outside the U.S.?         If YES.         Total Annual Example Decome         15. Do you have established medical care with a doctor or clinic in the U.S.?         If YES.         Name of Doctor/Clinic         a. Date of last visit         16. Are you (Proposed Insured) completing this questionnaire?         PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):         17. Proposed Policyowner is (check one):         □ Family member (U.S. citizen or permanent resident)         Relationship to the Proposed Insured:         □ U.S. Business         □ U.S. Trust         □ Other, Please specify:         2. If Proposed Policyowner's Legal Name         b. Proposed Policyowner's Social Security Number or Tax Identification Number         c. Proposed Policyowner's Social Security Number or Tax Identification Number         c. Proposed Policyowner's Legal Name         b. Proposed Policyowner's Social Security Number or Tax Identification Number         c. Proposed Policyowner's Legal Name         b. Proposed Policyowner's Legal Name         b. Proposed Policyowner's Legal Name         b. Proposed Policyowner's Social Security Number or Tax Identification Number         c. Proposed Policyowner's Social Security Cup, Cong         <   | 13. | Do you earn U.S. income?  |  |                     | Yes |  | No   |  |  |
| Total Annual Example Decome         14. Do you earn income outside the U.S.?         If YES.         Total Annual Example Decome         15. Do you have established medical care with a doctor or clinic in the U.S.?         If YES.         Name of Doctor/Clinic         a. Date of last visit         16. Are you (Proposed Insured) completing this questionnaire?         PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):         17. Proposed Policyowner is (check one):         □ Family member (U.S. citizen or permanent resident)         Relationship to the Proposed Insured:         □ U.S. Business         □ U.S. Trust         □ Other, Please specify:         2. If Proposed Policyowner's Legal Name         b. Proposed Policyowner's Social Security Number or Tax Identification Number         c. Proposed Policyowner's Social Security Number or Tax Identification Number         c. Proposed Policyowner's Legal Name         b. Proposed Policyowner's Social Security Number or Tax Identification Number         c. Proposed Policyowner's Legal Name         b. Proposed Policyowner's Legal Name         b. Proposed Policyowner's Legal Name         b. Proposed Policyowner's Social Security Number or Tax Identification Number         c. Proposed Policyowner's Social Security Cup, Cong         <   |     | If YES:   |  |                     |     |  |      |  |  |
| If YES:       Total Annual EarnodUnamed Income         15. Do you have established medical care with a doctor or clinic in the U.S.?       Image: Clinic Clini   |     | Total Annual Earned/Unearned Income                                   |  |                     |     |  |      |  |  |
| 15. Do you have established medical care with a doctor or clinic in the U.S.?       Image: Social Soci  | 14. | If YES:   |  |                     | Yes |  | No   |  |  |
| If YES:       Name of Dactor/Clinic       Address (No PO Box)       Phone Number         a. Date of last visit  |     |   |  |                     |     |  |      |  |  |
| a. Date of last visit   | 15. |   | ?  |                     | Yes |  | No   |  |  |
| 16. Are you (Proposed Insured) completing this questionnaire?   |     |   | lddress (No PO Box)                      | Phone Number        |     |  |      |  |  |
| 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): Relationship to the Proposed Insured:   [ Family member (U.S. citizen and non-permanent resident) Relationship to the Proposed Insured:   [ U.S. Business State   [ U.S. Trust   |     |   |  |                     |     |  |      |  |  |
| PROPOSED POLICYOWNER INFORMATION (Policyowner is the Proposed Insured unless otherwise indicated):         1.       Proposed Policyowner is (check one):  | 16. |   |  |                     | Yes |  | No   |  |  |
| 1.       Proposed Policyowner is (check one):       Relationship to the Proposed Insured:         Family member (U.S. citizen and non-permanent resident)       Relationship to the Proposed Insured:         U.S. Business       U.S. Trust         Other, Please specify:   |     | a. If NO, who is completing this questionnaire?                       |  |                     |     |  |      |  |  |
| Family member (U.S. citizen or permanent resident)     Relationship to the Proposed Insured:     J.S. Business     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 Foreign Home Address (City, State, Zip Code)     d. Proposed Policyowner is a Non-U.S.?     Ves          No         If YES, where?         City         State         County         Yes         No         If YES:         Name of Business         Business Address         Athere is the business have operations in the U.S.?         No         If YES:   |     | PROPOSED POLICYOWNER INFORMATION (Policy                              | rowner is the Proposed Insured unless ot | herwise indicated): |     |  |      |  |  |
| Family member (Non-U.S. citizen and non-permanent resident)       Relationship to the Proposed Insured:         U.S. Business       U.S. Trust         Other, Please specify:   | 1.  | Proposed Policyowner is (check one):                                  |  |                     |     |  |      |  |  |
| 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 U.S. Home Address (City, Country)         3.       Does the Proposed Policyowner own a home in the U.S.?         (If YES; where?       City         City       State         County       Yes         4.       Does the Proposed Policyowner own a business?         Business       Business Address         Type of Business       Type of Business         a. Where is the business have operations in the U.S.?       Yes         b. Does the Proposed Policyowner earn U.S. income?       Yes         5.       Does the Proposed Policyowner earn U.S. income?       Yes         Total Annual Earned/Unearned Income       Yes  |     | Family member (U.S. citizen or permanent resident)                    | Relationship to the Proposed Insured:    |                     |     |  |      |  |  |
| U.S. Trust         Other, Please specify:         If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident:         a. Proposed Policyowner's Social Security Number or Tax Identification Number         b. Proposed Policyowner's U.S. Home Address (City, State, Zip Code)         c. Proposed Policyowner's Foreign Home Address (City, Country)         3. Does the Proposed Policyowner own a home in the U.S.?         If YES, where?         City         State         County         Yes         No         If YES:         Name of Business         Business Address         Type of Business         a. Where is the business have operations in the U.S.?         b. Does the Proposed Policyowner earn U.S. income?         Yes         No         If YES:         If YES:         If YES:         If YES:         If YES:         Name of Business?         Business Address         Type of Business         If Yes In No         If YES:         If Yes In No         If YES:         If Yes In No         If Yes In No         If Yes In No         If Yes In No      <   |     | Family member (Non-U.S. citizen and non-permanent resident)           | Relationship to the Proposed Insured:    |                     |     |  |      |  |  |
| I of ther, Please specify: 2. If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resident: <ul> <li>a. Proposed Policyowner's Legal Name</li> <li>b. Proposed Policyowner's Social Security Number or Tax Identification Number</li> <li>c. Proposed Policyowner's Foreign Home Address (City, State, Zip Code)</li> <li>d. Proposed Policyowner's Foreign Home Address (City, Country)</li> <li>3. Does the Proposed Policyowner own a home in the U.S.?</li> <li>City</li> <li>State</li> <li>County</li> <li>Yes</li> <li>No</li> <li>If YES:</li> <li>Name of Business</li> <li>a. Where is the business incorporated?</li> <li>b. Does the Proposed Policyowner and the U.S.?</li> <li>Social State State</li> <li>City</li> <li>State</li> <li>County</li> <li>Yes</li> <li>No</li> <li>If YES:</li> <li>Name of Business?</li> <li>Social State State</li> <li>State</li> <li>Type of Business</li> <li>a. Where is the business incorporated?</li> <li>b. Does the Proposed Policyowner earn U.S. income?</li> <li>Yes</li> <li>No</li> <li>If YES:</li> <li>Total Annual Eamed/Uneared Income</li> </ul>  |     | U.S. Business   |  |                     |     |  |      |  |  |
| 2. If 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.? Lity State County 4. Does the Proposed Policyowner own a business? Name of Business Business Address Type of Business a. Where is the business incorporated? b. Does the Proposed Policyowner and the U.S.? b. Does the Proposed Policyowner and the U.S.? b. Does the Proposed Policyowner and the U.S.? b. Does the Proposed Policyowner and business? City State County Ves No If YES: Name of Business Address Type of Business Type of Business Address Type of Business Type Of Business Type of Business Address Type of Busines Address Address Type of Busines Address Address Address Address Addre |     | U.S. Trust  |  |                     |     |  |      |  |  |
| a. Proposed Policyowner's Legal Name b. Proposed Policyowner's Social Security Number or Tax Identification Number c. Proposed Policyowner's Social Security Number or Tax Identification Number d. Proposed Policyowner's Foreign 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.? City State County City State County Yes No If YES: Name of Business Business Address Type of Business a. Where is the business have operations in the U.S.? b. Does the business have operations in the U.S.? b. Does the Proposed Policyowner earn U.S. income? 5. Does the Proposed Policyowner earn U.S. income? Total Annual Eamed/Uneamed Income   |     | Other, Please specify:  |  |                     |     |  |      |  |  |
| b. Proposed Policyowner's Social Security Number or Tax Identification Number   | 2.  | If Proposed Policyowner is a Non-U.S. Citizen and Non-Permanent Resid | Jent:                                    |                     |     |  |      |  |  |
| 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.?   |     |   |  |                     |     |  |      |  |  |
| d. Proposed Policyowner's Foreign Home Address (City, Country)         3. Does the Proposed Policyowner own a home in the U.S.?         If YES, where?  |     |   |  |                     |     |  |      |  |  |
| <ul> <li>3. Does the Proposed Policyowner own a home in the U.S.?</li> <li>4. Does the Proposed Policyowner own a business?</li> <li>4. Does the Proposed Policyowner own a business?</li> <li>If YES:</li> <li>Name of Business</li> <li>Business Address</li> <li>Type of Business</li> <li>a. Where is the business incorporated?</li> <li>b. Does the business have operations in the U.S.?</li> <li>b. Does the business have operations in the U.S.?</li> <li>5. Does the Proposed Policyowner earn U.S. income?</li> <li>If YES:</li> <li>Total Annual Earned/Unearned Income</li> </ul>   |     |   |  |                     |     |  |      |  |  |
| If YES, where?       City       State       County         4.       Does the Proposed Policyowner own a business?       Yes       No         If YES:  | 3.  |   |  |                     |     |  | No   |  |  |
| City       State       County         4. Does the Proposed Policyowner own a business?  |     |   |  | _                   |     |  |      |  |  |
| If YES:   |     | Citv  | State                                    | County              |     |  |      |  |  |
| Name of Business       Business Address       Type of Business         a. Where is the business incorporated?   | 4.  |   |  |                     | Yes |  | No   |  |  |
| a. Where is the business incorporated?<br>b. Does the business have operations in the U.S.?   |     |   |  |                     |     |  |      |  |  |
| <ul> <li>b. Does the business have operations in the U.S.?</li></ul>  |     | a Whara is the business incorporated?                                 |  |                     |     |  |      |  |  |
| <ul> <li>c. How long have you owned this business?</li> <li>5. Does the Proposed Policyowner earn U.S. income? Yes No</li> <li>If YES:</li> </ul>   |     |   |  |                     | Voc |  |      |  |  |
| 5. Does the Proposed Policyowner earn U.S. income? □ Yes □ No<br>If YES:  |     |   |  |                     | 162 |  | INU  |  |  |
| If YES:   | -   |   |  |                     | Vaa |  |      |  |  |
| Total Annual Earned/Unearned Income   | э.  |   |  |                     | res |  | 110  |  |  |
|   |     | IT YES:   |  |                     |     |  |      |  |  |
|   | ~   |   |  | _                   | V   |  | N. 1 |  |  |

Continue to page 3 of this form.

## AGREEMENT:

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

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

|  | /                 |
|--|-------------------|
| 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) |