

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 or use a trusted source for translation? _____ 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

PROPOSED INSURED INFORMATION – Continued:

- 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 Eamed/Unearned Income
14. Do you earn income outside the U.S.? Yes No
If YES: _____
Total Annual Eamed/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 Eamed/Unearned Income
6. Does the Proposed Policyowner have a basic understanding of the English language? Yes No

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.

_____ <i>Signature of Proposed Insured</i>	_____ / / <i>Date (MM/DD/YYYY)</i>
_____ <i>Signature of Proposed Policyowner (if other than Proposed Insured)</i>	_____ / / <i>Date (MM/DD/YYYY)</i>
_____ <i>Signature of Licensed Agent</i>	_____ / / <i>Date (MM/DD/YYYY)</i>