

Underwriting Questionnaire

Foreign Travel

Use this questionnaire only if the client is a U.S. citizen or a Green Card holder. Others should use the [Foreign National questionnaire](#).

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

☐ Male ☐ Female Face Amount _____ Max Premium \$ _____ /yr.

☐ Term ☐ Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? ☐ Yes ☐ No

Frequency _____ Date of last use _____ Type _____



CLIENT

Occupation		Company	
Income		Location of work and duties	
Citizenship			
Green Card	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Current residence			
Primary residence			
Location of primary care physician			

TRAVEL: PRIOR 12 MONTHS (list all travel)

City/Country	Reason	Number of Trips/Dates	Total Days

TRAVEL: NEXT 12 MONTHS (list all travel)

City/Country	Reason	Number of Trips/Dates	Total Days



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