## Underwriting questionnaire



## Foreign National

This questionnaire is for Foreign Nationals or if your client is not a U.S. citizen seeking U.S.-based insurance. If the client is a U.S. citizen or Green Card holder, please use the Foreign Travel questionnaire.

ducer Name	Phone	Date		_
nt Name	Date of Birth		_	
1ale ☐ Female Face Amount		Max Premium \$	/yr.	
erm Permanent Has the client ever used	any form of toba	acco (cigarettes, cigars, pip	pe, snuff, etc.)?	☐ Yes ☐ No
quenc <u>y</u> Date	e of last use		_ Type	
CLIENT INFORMATION				
Occupation				
Income				
Citizenship				
Does the client have a U.S. Visa	□Yes □ No	If Yes, Type		Expiration date
Does the client have a Tax ID	□Yes □ No			
Does the client have a Social Security number	□Yes □ No			
Current residence				
Primary residence				
Location(s) of owned homes				
If the client currently resides in the U.S., how long do they intend to remain in the U.S.				
Company				
Where is the company domiciled				
Location of work and duties				
Location of primary care physician				
Bank in U.S. Mainland				



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ASSETS AND LIABIL	LITIES IN	<b>US DOLLARS BY</b>	COUNTRY					
Assets/Liabilities	Total Worldly		In the US Only		Outside the US (list country)			
Assets								
Liabilities								
Net Worth								
TRAVEL: PRIOR 12 I	MONTHS	(list all travel)						
City/Country Reason			Number of Trip	Total Days				
TRAVEL: NEXT 12 N	ONTHS	(list all travel)						
City/Country Reason		Reason		Number of Trips/Dates		Total Days		
INSURANCE: APPLI	ED FOR	COVERAGE						
Type/Face Amount Own		Owner and Beneficiary		Life Insurance Company		Insurance Need/Reason		
INSURANCE: IN-FO	RCE COV	/ERAGE						
Type/Face		Date Policy	Owner and		Life Insurance		Insurance	
Amount was Issued Beneficiary		етісіагу	Company		Need/Reason			
Type of insurance des	ired $\square$	Personal 🗆 Bu	siness					
• •				_				
Will the proposed ins	ured be t	he owner of the p	olicy $\square$ Yes	s ∐No If N	o, list owner and addre	ss of owner below		



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