

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

