

All responses to questions contained in this questionnaire will only be used to ascertain your insurability and information will only be shared generically with underwriters at insurance companies that may consider you for coverage.

Personal Information

- 1. Name: _____
- 2. Date of Birth: _____
- 3. Place of Birth: _____
- 4. English language familiarity: _____ Speak _____ Read _____ Write _____

Non-U.S. Citizen Information

- 5. Country of Permanent Residence: _____
- 6. Do you plan to return to your country of permanent residence within the next 2 years? _____ Yes _____ No
 - a. If yes, please explain. _____
- 7. Do you intend to reside in the U.S. on a full-time and continuous basis for the next two years? _____ Yes _____ No
 - a. If no, please explain. _____
- 8. Do you have plans to become a U.S. citizen? _____ Yes _____ No
 - a. If yes, when? _____
 - b. If no, please explain. _____
- 9. Do you have family members residing in U.S.? _____ Yes _____ No
 - a. If yes, please specify relationship. _____
- 10. Date Entered the U.S. _____
- 11. Current Status (Select one from the below):
 - Permanent Resident (Immigrant Visa)
 - Date Visa Obtained: _____
 - Alien Card No.: _____
 - Temporary Resident (Non-immigrant Visa)
 - Type of Visa: _____
 - Expiration Date: _____
 - Other (Please Explain): _____

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Foreign Travel

12. Do you have plans to travel abroad within the next two years? _____ Yes _____ No

a. If yes, please complete the following table.

Place (city/country)	Purpose (i.e., leisure, business)	Dates (month/year)	Anticipated Length of Stay (# of days, weeks, months)