



# EMG

Insurance Brokerage

## FOREIGN RESIDENCE / TRAVEL QUESTIONNAIRE

Proposed Insured Name: \_\_\_\_\_  M  F

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Face Amount: \_\_\_\_\_ Type of coverage:  UL  IUL  Term  WL  SUL

Current Citizenship: \_\_\_\_\_ Type of Visa: \_\_\_\_\_

Visa Number: \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Duties: \_\_\_\_\_

*List the foreign locations where Proposed Insured plans to live and/or travel.*

City	Country	Arrival Date	Departure Date	Purpose*	Anticipated Work Environment**

\* Example: include student, missionary, government, employer, business, pleasure

\*\*Example: include metropolitan, rural/agricultural, primitive/native areas

*List foreign locations where Proposed Insured has traveled in the past 3 years.*

City	Country	Arrival Date	Departure Date	Purpose*

\*Example: include student, missionary, government, employer, business, pleasure

*Additional information:*

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