

# 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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