



Name of Proposed Insured: _____ Date of Birth: _____

A. CITIZENSHIP

- 1. Are you a citizen of the U.S. by birth? Yes No
If yes, go to Section D
- 2. Are you a Naturalized citizen of the U. S.? Yes No
If yes, go to Section B
- 3. Are you a citizen of a country other than the U.S.? Yes No
If yes, go to Section C

B. U.S. CITIZEN (NATURALIZED)

- 1. Where were you born? _____
- 2. What is your naturalization number? _____
- 3. How long have you lived in the U.S.? _____
- 4. When do you plan to return to your native country (duration & expected frequency)?

- 5. Complete Section D.

C. NON-U.S. CITIZEN

- 1. Of what country are you now a citizen?
- 2. Indicate type of visa:
 - Permanent Visa (Give Alien Registration # _____)
 - Temporary Visa (Give Expiration Date _____)
- 3. Indicate purpose of visa (work, student, government employee, etc.): _____
- 4. Have you applied for U.S. citizenship? Yes No
- 5. Do you also maintain a foreign residence? Yes No
If so, what is the address? _____
- 6. Where does your immediate family (spouse & children) reside? _____
- 7. When do you plan to return to your native country (duration and expected frequency)?

- 8. How long have you lived in the U.S.? _____
- 9. Complete Section D.

D. FOREIGN TRAVEL or RESIDENCE

1. Did you live or travel outside the U.S. in the <u>past</u> 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No				
City	Country	Purpose (Give full details)	Date	Length of Stay
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Do you plan to live or travel outside the U.S. in the <u>next</u> 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No				
City	Country	Purpose (Give full details)	Date	Length of Stay
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 3. Indicate the type of environment (Metropolitan, Rural/Agricultural, Primitive/Native, etc.):

- 4. Comments: _____
