

# FOREIGN TRAVEL/FOREIGN NATIONALS QUESTIONNAIRE

DATE: \_\_\_\_\_ ADVISOR NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## CLIENT INFORMATION:

PROPOSED INSURED: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

MALE  FEMALE STATE OF SALE: \_\_\_\_\_

TOBACCO USE:  YES  NO  QUIT WHEN \_\_\_\_\_

OTHER COMPANY ACTIONS:  RATED TABLE \_\_\_  POSTPONED  DECLINED

OTHER COMPANY DETAILS: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE OF ENTRY INTO USA: \_\_\_/\_\_\_/\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

DO YOU POSSESS AN ALIEN REGISTRATION RECEIPT ("GREEN CARD")?  YES  NO

TYPE OF VISA: \_\_\_\_\_ VISA EXPIRATION DATE: \_\_\_/\_\_\_/\_\_\_

WHEN WAS THE LAST TIME YOU TRAVELED OUTSIDE THE USA (PLEASE PROVIDE DETAILS)? \_\_\_\_\_

DO YOU OWN ASSETS OR PROPERTY OUTSIDE THE USA (LIST)? \_\_\_\_\_

DO YOU OWN ASSETS OR PROPERTY INSIDE THE USA (LIST)? \_\_\_\_\_

LENGTH OF TIME WITH PRESENT EMPLOYER: \_\_\_\_\_

PLEASE DETAIL YOUR TRAVEL PLANS FOR THE FOLLOWING TIME PERIODS

PAST 12 MONTHS

DESTINATION(S): \_\_\_\_\_

DATE(S): \_\_\_\_\_ DURATION OF STAY(S): \_\_\_\_\_

CURRENT 12 MONTHS

DESTINATION(S): \_\_\_\_\_

DATE(S): \_\_\_\_\_ DURATION OF STAY(S): \_\_\_\_\_

NEXT 12 MONTHS

DESTINATION(S): \_\_\_\_\_

DATE(S): \_\_\_\_\_ DURATION OF STAY(S): \_\_\_\_\_

Please return via email at  
***PlusMarketing@pfnins.com***



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901 Wilshire Drive, Suite 140, Troy MI 48084

800.887.7587