

QUICK QUOTE FOR FOREIGN TRAVEL

(For US Residents And Green Card Holders Only)
All Others - Use Foreign Residence Questionnaire

CLIENT: NAME _____ / M F / DOB _____ AGE _____ / HT _____ WT _____ / STATE _____

AMT. REQUESTED \$ _____ / MAX. ANNUAL PREMIUM \$ _____ / TYPE OF INS. UL TERM YRS. LVL _____

REPLACEMENT YES NO / CURRENT ANN. PREM. \$ _____ / LAST LIFE INSURANCE APP. YEAR (COMPANY/ACTION) _____

TOBACCO USE NEVER DATE LAST USED _____ YES, TYPE WITH FREQUENCY _____

MARITAL STATUS SINGLE MARRIED WIDOWED DIVORCED / OCCUPATION _____

FAMILY HISTORY –

AGE, IF STILL LIVING: FATHER _____ MOTHER _____ SIBLING 1 _____ SIBLING 2 _____ SIBLING 3 _____

IF ANY DECEASED, PROVIDE RELATION, AGE AND CAUSE OF DEATH _____

HAVE ANY OF YOUR FAMILY MEMBERS BEEN DIAGNOSED WITH CANCER, DIABETES OR HEART DISEASE PRIOR TO AGE 60? IF YES, PROVIDE RELATION, ILLNESS AND AGE OF ONSET _____

DRIVING RECORD - # OF VIOLATIONS IN PAST 3 YEARS _____ / # OF DUI / RECKLESS DRIVING PAST 5 YEARS _____

DO YOU EXERCISE 3 OR MORE TIMES PER WEEK? NO YES, DETAILS _____

DATE OF LAST MEDICAL CHECKUP _____ RESULTS _____ DATE OF LAST RESTING EKG _____ RESULTS _____

LAST BLOOD PRESSURE READING (EXAMPLE 140/80) _____ / ARE YOU TREATED FOR BLOOD PRESSURE? NO YES

LAST TOTAL CHOLESTEROL READING AND HDL READING _____ / ARE YOU TREATED FOR CHOLESTEROL? NO YES

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

1. PLEASE SPECIFY THE PURPOSE OF TRAVEL. CHECK ALL THAT APPLY:

- VACATION
- BUSINESS
- MISSIONARY WORK
- CONTRACT
- OTHER _____

PLEASE PROVIDE DETAILS FOR ALL CHECKED BOXES TO INCLUDE DUTIES WHILE TRAVELING:

2. PROVIDE THE FOLLOWING FOR EACH TRAVEL DESTINATION:

A. CITY WITH COUNTRY OR REGION

B. DEPARTURE DATE

C. EXPECTED LENGTH OF STAY:

D. ACCOMODATIONS WHILE ABROAD (HOTEL, BARRACKS, HOSTEL, CAMPSITE, OTHER):

3. EXPECTED ENVIRONMENT (RURAL, CITY, OTHER)

4. LIST CITIES/ COUNTRIES VISITED WITHIN LAST 12 MONTHS, WITH DATE, PURPOSE AND LENGTH OF STAY FOR EACH VISIT:

