



FOREIGN RESIDENCE/TRAVEL QUESTIONNAIRE
Global Insurance Resources Group Inc.
 9744 WILSHIRE BOULEVARD SUITE 306, Beverly Hills, CA 90212
 PHONE (310) 550-3300 FAX (310) 550-3390

CLIENT: NAME _____ [] M [] F, DATE OF BIRTH _____

AGE _____ HT _____ WT _____ STATE _____

AMOUNT REQ. \$ _____ MAX. ANNUAL PREMIUM \$ _____

TYPE OF INSURANCE: [] PERM [] TERM YRS. LEVEL _____

TOBACCO USE: [] NO [] YES, DETAIL _____

REPLACING? [] NO [] YES CURRENT ANN. PREM. \$ _____

LAST LIFE INSURANCE APP. YEAR: _____ COMPANY _____
 ACTION _____

AGENT: NAME _____ PHONE _____ FAX _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

BIRTH PLACE _____ **CITIZENSHIP** _____

VISA [] YES [] NO TYPE : PERMANENT _____ TEMPORARY _____

CURRENT OCCUPATION _____

DESCRIBE DUTIES _____

LIST FOREIGN LOCATIONS WHERE APPLICANTS PLANS TO LIVE AND / OR TRAVEL AND THE DURATION:

_____ CITY _____ COUNTRY _____ FROM (DATE) _____ TO (DATE)

INDICATE REASON FOR FOREIGN RESIDENCE (STUDENT, MISSIONARY, GOVERNMENT EMPLOYEE, BUSINESS, PLEASURE, ETC.)

INDICATE TYPE OF WORK ENVIRONMENT ANTICIPATED (METROPOLITAN AREA RURAL / AGRICULTURAL AREA / PRIMITIVE / NATIVE AREA, ETC.)

PLEASE LIST ANY OTHER ILLNESSES OR IMPAIRMENTS; ALONG WITH ANY AND ALL MEDICATIONS CURRENTLY BEING TAKEN, INCLUDE THE DOSAGE AND FREQUENCY OF EACH:

LIST LIFE INSURANCE APPLICATION:

YEAR _____ **COMPANY** _____

ACTION _____