



**Appletree Financial Network**  
**FOREIGN NATIONALS/FOREIGN TRAVEL QUESTIONNAIRE**

Proposed Insured's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F  
 Tobacco Use:  Yes  No Amount: \_\_\_\_\_ Height: \_\_\_\_\_ Ft. In. Weight: \_\_\_\_\_  
 Broker's Name: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
 BGA: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Insured please answer the following:

**CITIZENSHIP – SECTION A**

1. Are you a citizen of the United States?  Yes  No  
 (If yes, proceed to Section B)
2. If you are not a citizen of the United States, what country are you a citizen of?
3. Do you have a green card?  
 Yes, Card number:  
 No, Visa type:
4. Do you own a home in the United States?  
 No  
 Yes, Address:
5. Do you own a home in a foreign country?  
 No  
 Yes, Address:
6. If married, does your family live with you?  
 Yes  
 No, Where do they live?
7. Business relationship with the United States:

**FOREIGN TRAVEL – SECTION B**

1. Do you plan to travel outside of the United States within the next year?  
 No  
 Yes, Where?
2. What is the purpose of your travel outside of the United States:  
 Business      Frequency: \_\_\_\_\_      Average length of stay: \_\_\_\_\_  
 Pleasure      Frequency: \_\_\_\_\_      Average length of stay: \_\_\_\_\_
3. Where do you travel in the foreign country?  
 Large cities       Towns       Rural       Other:
4. List all trips taken outside of the United States in the past two (2) years:  
 Country: \_\_\_\_\_ Length of stay: \_\_\_\_\_  
 Country: \_\_\_\_\_ Length of stay: \_\_\_\_\_  
 Country: \_\_\_\_\_ Length of stay: \_\_\_\_\_  
 Country: \_\_\_\_\_ Length of stay: \_\_\_\_\_
5. List occupational duties performed outside of the United States (including missionary duties):

Underwriter's Notes:

Date: \_\_\_\_\_ Proposed Insured's Signature: \_\_\_\_\_