

Return to - jim@uswolfe.com or Fax to 815-377-3556

Policy Number: _____

Date: ____ / ____ / ____

Foreign National Questionnaire

Name: _____

Date of Birth: ____ / ____ / ____

1) What is your country of residence? _____

2) How long in the U.S.? _____

3) If not a U.S. citizen, what is your Alien Registration Card (green card) number?

4) If no green card, what type of visa do you have? _____

What is its expiration date? ____ / ____ / ____

5) Do you own a home in the United States? Yes No

If yes, what is the address? _____

6) Do you own a home in a foreign country? Yes No

7) Are you married? Yes No

If yes, is your spouse a U.S. citizen? Yes No

8) If married, does your family live with you? Yes No

9) Have you ever, or do you plan to travel outside of the United States? Yes No

A) If yes, where? (country, city) _____

B) Purpose of travel? Business Pleasure Other

If other, explain: _____

C) How often? _____

D) Average period of time for each trip? _____

E) When was the last trip? _____

10) Have you ever been convicted of a crime in another country (including traffic violations) or are there any criminal charges pending against you? Yes No

If yes, explain details: _____

11) Business Name & Address: _____

Duties: _____

Agent: _____

Agent Number: _____

Agent signature: _____

Insured signature: _____

Date signed: ____ / ____ / ____