

FOREIGN RESIDENCE/TRAVEL QUESTIONNAIRE

1. Name _____ DOB _____
2. Birthplace _____ Citizenship _____
3. Visa Yes No Type _____
(permanent/temporary)

4. Current occupation _____
5. Describe duties _____

6. List the foreign locations where applicant plans to live and/or travel and the duration:

City	Country	From (Date)	To (Date)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Indicate reason for foreign residence (Student, Missionary, Government Employee, Business, Pleasure, etc.)

8. Indicate type of work environment anticipated (Metropolitan area; Rural/Agricultural area; Primitive/Native area; etc.)

9. Comments _____

Proposed Insured's Signature _____ Date ____/____/____

Witness _____ Date ____/____/____



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