



# INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

## *Foreign Nationals & Foreign Travel Questionnaire*

1. Name: \_\_\_\_\_

2. Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Place of Birth: \_\_\_\_\_

4. Date of Entry to USA: \_\_\_\_\_

5. Country of Citizenship (if US Citizen, skip to 12.) \_\_\_\_\_

6. Do you possess an Alien Registration Receipt, "Green Card"? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Type of Visa: \_\_\_\_\_

8. Visa Expiration Date: \_\_\_\_\_

9. When was the last time you traveled outside the US? Provide details.

\_\_\_\_\_

\_\_\_\_\_

10. Do you own assets or property outside the US? (List)

\_\_\_\_\_

\_\_\_\_\_

11. Do you own assets or property inside the US? (List)

\_\_\_\_\_

\_\_\_\_\_

12. Length of Time with Present Employer: \_\_\_\_\_

13. Do you plan to travel or reside outside of the US? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please provide details.

	Past 12 Months	Current 12 Months	Next 12 Months
Destination (s)			
Date (s)			
Duration of Stay			
How Often			

14. Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_