Underwriting Questionnaire

Foreign Travel

| | |) / | PO . |
|-------|--------|-----|------|
| under | Y | / (| |
| "Th | FIEINS | | |
| | 0- | X | |

| oducer Name | Phone | Date | | | |
|------------------------------|-------------------------------------|-------------------------------|-----------------------------|------------|--|
| ient Name | Date of Birth_ | | _ | | |
| Male Female Face A | mount | Max Premium \$ | | | |
| Term □ Permanent Has t | he client ever used any form of tol | bacco (cigarettes, cigars, pi | pe, snuff, etc.)? □Yes | □No | |
| equency | Date of last use | | Type | | |
| CLIENT | | | | | |
| Occupation | | Company | | | |
| Income | | | Location of work and duties | | |
| Citizenship | | | | | |
| US Visa type and expiration | | | | | |
| Current residence | | | | | |
| Primary residence | | | | | |
| Location of primary care phy | <i>r</i> sician | | | | |
| | | | | | |
| TRAVEL: PRIOR 12 MONTH | IS (list all travel) | | | | |
| City/Country | Reason | Numb | er of Trips/Dates | Total Days | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TRAVEL: NEXT 12 MONTHS | S (list all travel) | | | | |
| City/Country | Reason | Numb | er of Trips/Dates | Total Days | |
| | | | | | |
| | | | | | |
| | | | | | |



For Insurance Professional Use Only. Not intended for use in solicitation of sales to the public. Not intended to recommend the use of any product or strategy for any particular client or class of clients. For use with non-registered products only. Tellus operates under the license of Tellus Brokerage Connections Inc., AR license #100103477. Products and programs offered through Tellus are not approved for use in all states. Updated May 12, 2020