

Daly Insurance Brokerage Services

Travel & Residency Questionnaire

231 Farmington Avenue
Farmington, CT 06032
Phone: (860) 677-5707
www.dalybrokerage.com

1. Proposed Insured: _____ 2. Social Security Number: _____
3. Date of Entry to USA: _____ 4. Place of Birth: _____ 5. Date of Birth: _____
6. Country of Citizenship: _____ (if U.S. Citizen, skip to 12.)
7. Do you possess an Alien Registration Receipt, "Green Card"? Yes No
8. Type of Visa (see listing of Visa types on page 2): _____
9. Visa Expiration Date: _____
10. Do you own assets or property outside of the U.S.? (List)
- _____
- _____
11. Do you own assets or property inside of the U.S.? (List)
- _____
- _____
12. Length of time with present employer: _____
13. Do you plan to travel or reside outside of the U.S.? Yes No
If yes, please provide details below.

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

14. Remarks:

Visa Types:

A: Government Official
B1: Visitor/Business
B2: Visitor/Medical Treatment
C: Transit
D: Crewman
E1: Treaty Trader
E2: Treaty Investor
E3-5: Misc. Employment Visas
F1-4: Family Based/Academic Studies
G: Representative to International Organization
H1-B: Temporary Worker – Distinguished Merit/Ability
H-2A/B: Temporary Worker – General Labor
H-3: Temporary Worker - Trainee

I: Information Media Rep.
J: USIA Education/Cultural Exchange
K1: Fiancée/Fiancé
L: Intra-Company Transfer
M: Vocational/Non-Academic Studies
O1-2: Science/Art
P1-3: Athletes, Artists, Entertainers
Q1: INS Int'l Cultural Exchange
R: Non-Immigrant Religious
SB-1: Returning Resident Alien
SD: Immigrant – Religious
TN: NAFTA Professionals
Other Category: _____

It is represented that the statements and answers given in this supplement to the application are true, complete and correct to the best of my knowledge and belief. It is agreed that this supplement shall be a part of the application to the Company for insurance on the life of the Proposed Insured.

Signed at _____ on _____

Witness

Proposed Insured

AGREEMENT OF OWNER IF OTHER THAN PROPOSED INSURED

Signed at _____ on _____

Witness

Proposed Insured

Corporate Title: _____ Corporation Name: _____