

**Part A - Client Personal Information**

Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Individual Taxpayer Identification #: \_\_\_\_\_ Foreign ID #: \_\_\_\_\_

Do you intend to reside permanently in the U.S.?  Yes  No

If no, how long will you stay in the U.S. and what is the purpose of your visit to the U.S.?

**Part B - U.S. Property Interest**

Do you:  Own  Rent

If you own, provide the U.S. address, date purchased and amount of equity in the property:

Other property in the U.S.: \_\_\_\_\_

**Part C - U.S. Connections**

Do you earn U.S. income?  Yes  No If yes, amount: \_\_\_\_\_

Do you have U.S. liabilities?  Yes  No If yes, amount: \_\_\_\_\_

Do you have U.S. cash/liquid assets of \$500,000 or more held for a minimum of 6 months?  Yes  No

If yes, provide amount and institution name, branch and address:

Do you earn income outside the U.S.?  Yes  No If yes, in what country and amount: \_\_\_\_\_

Do you have cash/liquid assets outside the U.S.?  Yes  No

If yes, in what country and provide the amount, institution name, branch and address:

**Part D - U.S. Business Interest**

Are you the owner of a U.S. business?  Yes  No

If yes, provide company name, address, date incorporated, nature of the business, current market value of the business and % of ownership:

Are you the investor of a U.S. business?  Yes  No

If yes, provide company name, address and investment amount:

Are you a key man in a U.S. Company?  Yes  No

**Part E - Travel**

1A. Is your travel to the U.S. for: *(If both list answers individually)*     Business     Personal

1B. How many times per year do you travel to the U.S.? \_\_\_\_\_

1C. How many days on average do you intend to stay in the U.S. per visit? \_\_\_\_\_

2A. Is your travel outside the U.S. for: *(If both list answers individually)*     Business     Personal

2B. List the countries to which you travel: \_\_\_\_\_

2C. How many times per year do you travel? \_\_\_\_\_

2D. How many days on average do you intend to stay per visit? \_\_\_\_\_

**Part F - Signature**

Proposed Insured Signature:

Date Completed:

\_\_\_\_\_

\_\_\_\_\_