



Travel Questionnaire

Agent Name: _____ Phone #: _____

Agent E-mail: _____

Client Name: _____ Date of Birth: _____

Sex: Male / Female Height: _____ Weight: _____ State: _____ Smoker: Yes / No

Face Amount: \$ _____ Type of Insurance: UL WL SUL Term (# of years _____)

1. Where was the proposed insured's place of birth? _____

2. What is the proposed insured's citizenship? _____

3. Name the foreign location(s) that the proposed insured plans to visit and the duration(s)?

City	Country	Date Leaving	Date returning

4. What is the purpose of the travel? _____

5. Additional comments: _____

FAX or E-MAIL to Donna Winterstine at 301-355-0429 / dwinterstine@bsibroker.com