American Life & Security Corp
Administrative Office
PO Box 717 * Frankfort, KY 40602-0717
Phone: 877.758.9333 Underwriting Fax: 502.227.7205

Foreign Travel or Residence Questionnaire

1. Provide details of previous foreign travel including holidays and short business trips within the last two years:

Date(s) of visit(s)	Countries	Regions	Reason(s) for visit(s)	Frequency	Duration of visit(s)

2. Provide details of your intentions for future foreign travel including holidays, and business trips:

Date(s) of visit(s)	Countries	Regions	Reason(s) for visit(s)	Frequency	Duration of visit(s)

3. Give a description of your duties while traveling or residing abroad:

4. Do you expect to visit non-urban areas? ☐ YES ☐ NO
   If YES, give details of:

   a. Your likely accommodations:

   b. The availability of medical facilities:

   c. Your travel arrangements, e.g. light aircraft, boat, etc.:

5. Would you consider traveling to war zones or hazardous areas? ☐ YES ☐ NO
   If YES, give details:

Dated at _____ (PLACE) this _____ (DAY) day of _____ (MONTH) _____ (YEAR)

_____ (SIGNATURE OF AGENT)

_____ (SIGNATURE OF PROPOSED INSURED)