



American Life & Security Corp.

Executive Office

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Phone: 402.489.8266 • Fax 402.489.8295

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 within the next 2 years:

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 _____ this _____ day of _____
Place Day Month Year

Signature of Agent

Signature of proposed Insured