

Please print or type all information

Proposed insured _____

Date of birth _____

Identification Number _____

1. Please list each city and country to which you have traveled in the past two years, the length of stay in each location and the specific date of travel.

	City/country	Length of stay	Date
a.			
b.			
c.			
d.			

2. List each city and country to which you will be traveling, the length of stay in each location and how many times per year you visit each location.

	City/country	Length of stay	Date
a.			
b.			
c.			
d.			

3. Describe the purpose of your travel. If your travel is business related, please describe your duties.

4. What is your birthplace? _____

5. Country of citizenship. _____

6. Country of permanent residence. _____ How long? _____

I understand that this declaration is a material part of this personal fact sheet and will be relied upon by the Company in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere in this personal fact sheet, will render the policy, if issued, voidable. I declare that the above answers are true and complete and shall form part of the personal fact sheet.

Dated at _____ this _____ day of _____ (date)

Witness _____ Signed _____

(Proposed insured)