

## RESIDENT ALIEN QUESTIONNAIRE

1. Name \_\_\_\_\_ DOB \_\_\_\_\_

2. Do you speak English?  Yes  No  
If no, state name of translator and relationship \_\_\_\_\_  
\_\_\_\_\_

3. Country of origin \_\_\_\_\_

4. Current citizenship \_\_\_\_\_

5. Date of entry to the U.S.A. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6. Type of Visa  Permanent (green card)  Work  
 Student  Other

7. Visa symbol, number and expiration date \_\_\_\_\_

8. Have you applied for U.S. citizenship?  Yes  No

9. List immediate family members by relationship, age and citizenship

Within the U.S.A. \_\_\_\_\_

Outside the U.S.A. \_\_\_\_\_

10. Education \_\_\_\_\_

11. Occupation \_\_\_\_\_

12. Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Date hired \_\_\_\_\_

Specific duties \_\_\_\_\_

13. Do you own assets or property outside the U.S.A?  Yes  No

Specify \_\_\_\_\_

14. Do you plan to travel or reside outside the U.S.A?  Yes  No

If yes, provide details for each country including: specific locations, departure dates, duration and purpose of stay.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Insured's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_