

RESIDENTIAL AND TRAVEL QUESTIONNAIRE

For Personal Coverage

This questionnaire is not an insurance policy and it is only intended collect the necessary data that enables the Insurance Company to quote a personal Coverage Insurance to the proposed insured/applicant.

This statement should be completed by the Applicant him/herself:

Full name: (First, Middle, Last) _____

Date of birth: (dd / mmm / yyyy) _____ / _____ / _____

Please answer each question and where appropriate, provide details.

1. What is your actual residential address:

2. Do you expect to reside or travel abroad in the foreseeable future?
If Yes, please provide full details as follows

<u>Country</u>	<u>Number of trips to this country</u>	<u>Average days of stay for each trip</u>

I hereby declare that the above statements are true and complete and agree that this supplementary, statement together with the application shall be the basis of any eventual contract between me and the Insurance Company.

Applicant's Signature

Date