

**FOREIGN TRAVEL OR RESIDENCE SUPPLEMENT**

Proposed Insured: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

1. Citizen of (Country) \_\_\_\_\_

2. To what countries do you intend to travel? \_\_\_\_\_

3. Purpose of Trip \_\_\_\_\_

4. What cities will you be visiting? \_\_\_\_\_

5. How often do you travel to these locations? \_\_\_\_\_

6. Give Dates of Travel or Residence:

From (month and year): \_\_\_\_\_ To (month and year): \_\_\_\_\_

7. Do you anticipate any flying other than as a passenger on a regularly scheduled commercial airline? \_\_\_\_\_

I have read or have had read to me the completed Foreign Travel or Residence Supplement before signing below. All statements and answers in this Supplement are correctly recorded and are full, complete and true. I agree that this Foreign Travel or Residence Supplement constitutes a part of my application for insurance and that the Company will use it for underwriting purposes to help determine whether coverage will be offered and whether increased rates are necessary. I understand that any false statements or material misrepresentations may result in the loss of coverage under the policy.

Signed in \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ (state) (month) (year)

\_\_\_\_\_  
**Signature of Proposed Insured** (Parent or Guardian if under 14 years of age)

\_\_\_\_\_  
**Witness**