

# FOREIGN TRAVEL & RESIDENCE QUESTIONNAIRE

<b>Name</b>	<b>Date of Birth (dd/mmm/yy)</b>	<b>Application #</b>
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**1.** Please provide full details of all travel outside Canada or the United States within the past 24 months

Country	City / Region	Date	Length of stay	Business	Pleasure

Please provide full details of all travel outside Canada or the United States within the next 24 months

Country	City / Region	Date	Length of stay	Business	Pleasure

If the travel mentioned is for business, please describe your occupation and duties below.

**2.** Do you plan to travel outside major urban centres?  Yes  No  
If yes, specify areas/regions, accommodations, means of travel, availability of medical facilities below.

Citizenship:  Canadian  Other (please specify):

Country of permanent residence:  How long?

Do you own or control any assets or real property in any of the countries mentioned above?  Yes  No If yes, please give details below.

Are you on any medication which you will continue taking while travelling?  Yes  No If yes, please give details below.

**3.** Have you ever experienced a medical or health problem related to foreign travel?  Yes  No If yes, please give details below.

I hereby declare that the above answers are complete and true, and agree that they shall form part of my application for the policy requested.

Signature of Applicant <b>X</b>	Signature of Witness <b>X</b>	Date (dd/mmm/yy)
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