GBS Insurance and Financial Services

A Gallagher Company

FOREIGN TRAVEL AND RESIDENCY QUESTIONNAIRE

Use this form to pre-underwrite U.S. Citizens traveling abroad and Foreign Nationals.

CLIENT INFORMATION								
First Name		Last Name			Middle Initial	Sex M 🔲	F 🗌	
SSN/U.S. Tax ID	Date of Birth	Place o	Place of Birth (state, country)		Date of Entry to USA			
Country of Citizenship (copy of p	assport may be requi	red)		'				
If not a U.S. Citizen, list any U.S	. Visa including Type,	Number and Expiration	on date					
PART A: FOREIGN TRAVEL – (Complete this section	f you are a U.S. Citiz	en planning to t	travel outside	of the U.S.			
Do you plan to travel outside of t								
If yes, list all cities and countries	you plan on traveling	to and number of we	eks/years in ead	ch.				
City, Country	Durat	on Expected	Expected Dates		Purpose of Trip			
PART B: FOREIGN NATIONAL – Complete this section if you are a Foreign National or residing outside of the U.S.								
Do you live full-time in the USA? Yes No								
If no, list all cities and countries resided in and number of weeks/years in each.								
City, Country	Durat	on Expected	Expected Dates		Purpose of Trip			
Do you own assets or property of	outside the U.S.? (List)							
Do you own assets or property in	Do you own assets or property inside the U.S.? (List)							
	,							
	,							
List immediate family members l		ritizenship						
List immediate family members I	oy relations, age and o	-	ge		Citizenship			
	oy relations, age and o	-	ge		Citizenship			
	oy relations, age and o	-	ge		Citizenship			
	oy relations, age and o	-	ge		Citizenship			

Woodland Hills, CA 800.473.5966 East Hartford, CT 860.289.7732 Fairfield, CT 800.653.1322 Coral Springs, FL 954.486.1236 Rolling Meadows, IL 630.285.3742