



Trinity Life Insurance Company

ADMINISTRATIVE OFFICE

PO BOX 5205 • FRANKFORT, KY 40602-5205

Phone: (866) 440-1357 • Fax: (502) 227-7205

Foreign Travel or Residence Questionnaire

1. Provide details of previous foreign travel including holidays and short business trips within the last two years:

Date(s) of visit(s)	Countries	Regions	Reason(s) for visit(s)	Frequency	Duration of visit(s)

2. Provide details of your intentions for future foreign travel including holidays, and business trips:

Date(s) of visit(s)	Countries	Regions	Reason(s) for visit(s)	Frequency	Duration of visit(s)

3. Give a description of your duties while traveling or residing abroad:

4. Do you expect to visit non-urban areas? YES NO
If YES, give details of:

a. Your likely accommodations:

b. The availability of medical facilities:

c. Your travel arrangements, e.g. light aircraft, boat, etc.:

5. Would you consider traveling to war zones or hazardous areas? YES NO
If YES, give details:

Dated at _____ this _____ day of _____

PLACE

DAY

MONTH

YEAR

SIGNATURE OF AGENT

SIGNATURE OF PROPOSED INSURED