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RESIDENCE AND TRAVEL QUESTIONNAIRE

Full Name: _____

Please provide details of previous and future foreign travel including holidays and short business trips.

Please state date(s) of visit(s), countries, regions, reasons for visit(s), frequency and duration of visit(s).

1. Within the last two years:

DATE(S) OF VISIT(S)	COUNTRIES	REGIONS	REASON FOR VISIT(S)	FREQUENCY	DURATION OF VISIT(S)

2. Future intentions:

DATE(S) OF VISIT(S)	COUNTRIES	REGIONS	REASON FOR VISIT(S)	FREQUENCY	DURATION OF VISIT(S)

3. Please give a brief description of your duties while traveling or residing abroad:

4. Do you expect to visit non-urban areas? YES NO

⇒ If “yes,” please give details of:

A: Your likely accommodation: _____

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,” please give details:

I declare that the answers that I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment of this application.

I undertake to inform you of any material changes before the insurance commences. I agree that this form will constitute part of my application for life insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature: _____ Date: _____