



FOREIGN RESIDENCE/TRAVEL QUESTIONNAIRE

Instructions:

Please complete sections 1 thru 3. If you have any questions, or for additional information, please contact us at ☎ 1-800-772-8632 or visit our website at 🌐 www.PRCUA.org.

1. PROPOSED INSURED'S INFORMATION

PROPOSED INSURED'S FIRST (MI) LAST NAME _____ DATE OF BIRTH _____

BIRTHPLACE _____ OCCUPATION _____

Citizenship: U.S. Citizen Permanent Resident Other _____

Non-U.S. Citizens: U.S. Green Card? Yes No _____

U.S. VISA TYPE / LETTER / NUMBER / EXPIRATION DATE _____

DESCRIBE DUTIES _____

Please list any travel or residence outside the U.S. within the last two (2) years:

City & Country	From Date / To Date	Purpose of Travel (student, business, pleasure, etc.)

Please list travel or residence outside the U.S. planned or expected in the next twelve (12) months:

City & Country	From Date / To Date	Purpose of Travel (student, business, pleasure, etc.)

(continued on next page)

1. PROPOSED INSURED'S INFORMATION

(continued from page 1)

Assets: (broken down between U.S. and International)

U.S.	International

2. SIGNATURES

I HEREBY REPRESENT THAT ALL THE ABOVE STATEMENTS AND ANSWERS TO ALL THE ABOVE QUESTIONS ARE COMPLETE, TRUE, AND MADE BY ME TO THE BEST OF MY KNOWLEDGE.

 _____
SIGNATURE OF PROPOSED INSURED

DATE

 _____
SIGNATURE OF OWNER

DATE

 _____
SIGNATURE OF WITNESS

DATE

3. ADDITIONAL INFORMATION

Please mail all pages of this completed form to:

UNDERWRITING DEPARTMENT
POLISH ROMAN CATHOLIC UNION OF AMERICA
984 N MILWAUKEE AVE
CHICAGO, IL 60642-4101

INTERNAL OFFICE USE ONLY

PROCESSED BY: _____ (PLACE DEPARTMENT RECEIVED STAMP BELOW)

PERSONNEL

DATE