AMERICAN COMMUNITY
MUTUAL INSURANCE COMPANY
39201 Seven Mile Road, Livonia, Michigan 48152-1094

FOREIGN RESIDENCE / TRAVEL QUESTIONNAIRE

Name of Applicant _____ Date of Birth _____

A. Have you resided or traveled outside of the United States during the past 3 years for 3 months or more?
☐ No ☐ Yes

B. Do you expect to reside or travel outside of the United States during the next 2 years for 3 months or more?
☐ No ☐ Yes

C. Do you expect to travel outside the United States more than once in the next 12 months for more than 31 days?
☐ No ☐ Yes

D. Of what country are you now a citizen? _____
If other than the U.S., please indicate the kind of visa held below.
☐ Permanent - Give Alien Registration No. _____ ☐ Temporary - until (date) _____

E. Have you applied for U.S. Citizenship? ☐ No ☐ Yes If "Yes", show date applied _____

DETAILS OF PAST FOREIGN RESIDENCE AND TRAVEL

1. List below the city (ies) and country (ies) you have resided or traveled in with the period for each residence or visit.

City	Country	Period from (date)	to (date)

2.. Do you intend to make your permanent residence outside of the United States again?
☐ No ☐ Yes (if "Yes", when will you change your residence?) Date _____

DETAILS OF FUTURE FOREIGN RESIDENCE AND TRAVEL

3. List below the foreign community (ies) and country (ies) where you expect to reside or travel.

City	Country	Period from (date)	to (date)

4. Indicate by check mark below the kind of area in which you will work.
☐ Metropolitan area ☐ Rural/Agricultural area ☐ Primitive/Native area

5. Indicate the reason for your foreign residence and travel by check mark below.
☐ College Student ☐ Peace Corps Volunteer ☐ Employee of Business Concern
☐ Church Missionary ☐ Employee of Gov't Agency ☐ Other (Describe) _____

6. If other than Student or Missionary, briefly describe job duties and show job title below.
Job Title _____ Duties _____

7. What are the expected dates for departure and return to the United States?
Departure Date _____ Return Date _____

Dated at _____ on _____
(City and State) (Date, Month, Day and Year)

_____ _____
To Be Signed By Witness Signature of Proposed Insured