

# Colonial Life Insurance Company (Trinidad) Limited

## FOREIGN TRAVEL QUESTIONNAIRE

Name \_\_\_\_\_

Policy No: \_\_\_\_\_

Do you intend to travel or reside outside of Trinidad and Tobago for more than one month?

YES

NO

If yes please answer the following questions: \_\_\_\_\_

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1. Status  Trinidad Citizen?  Landed Immigrant?  Other?

If not born in Trinidad: Date of arrival? \_\_\_\_\_

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2. Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

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3. Travel destinations (country, city): \_\_\_\_\_

\_\_\_\_\_

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4. Dates of travel: \_\_\_\_\_

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5. Lengths of stay at each destination: \_\_\_\_\_

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6. Purpose of travel (i.e. Visit family/friends? Business? Details of duties/activities)

\_\_\_\_\_

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7. Accommodation: Hotel  Private Home  Other

Details: \_\_\_\_\_

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8. Type of transportation to be used:

a) To/from your destination: \_\_\_\_\_

b) During your stay: \_\_\_\_\_

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9. Do you plan to travel outside major urban centers? Yes  No

If yes, provide details: \_\_\_\_\_

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10. Are you likely to travel elsewhere in the near future? Yes  No

If yes, provide details: \_\_\_\_\_

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11. Please provide details of all travel outside of North America, Western Europe, Australia or

New Zealand during the past two years (including dates& places): \_\_\_\_\_

\_\_\_\_\_

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I declare that the above statements and answers are complete and true and shall form part of the application for Life Insurance to Colonial Life Insurance Company (Trinidad) Limited.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2007

Witness \_\_\_\_\_ Signature of proposed Insured \_\_\_\_\_