

## MILITARY/POLICE OFFICER/PERSONNEL QUESTIONNAIRE

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Branch of Service:

☐ Army

☐ Navy

☐ Coast Guard

☐ Air force

☐ Marine Corps

☐ PNP

Current rank or position: \_\_\_\_\_

☐ Officer

☐ Enlisted

Place of assignment: \_\_\_\_\_

Please give a short narrative of your exact duties and responsibilities: \_\_\_\_\_

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I represent, to the best of my knowledge and belief, that all above statements and answers are complete and true.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF POLICY OWNER/INSURED

\_\_\_\_\_  
NAME AND SIGNATURE OF WITNESS