

MILITARY/POLICE OFFICER/PERSONNEL QUESTIONNAIRE

Name: _____

Date of Birth: _____

Branch of Service:

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Army | <input type="checkbox"/> Air force |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Marine Corps |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> PNP |

Current rank or position: _____

Officer

Enlisted

Place of assignment: _____

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

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