

QUESTIONNAIRE: CRIMINAL HISTORY

Client Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____

Tobacco Usage: _____ Coverage Information: _____

☐ Never Type: ☐ Term ☐ UL ☐ IUL

☐ Former Date Stopped: _____ ☐ WL ☐ VUL ☐ Survivorship

☐ Current Type: _____ Face Amount: _____

Premium Tolerance: _____

Please list all felony or misdemeanor convictions, including any pending charges:	
Offense	
Date of Offense(s)	
State & County	
Felony / Misdemeanor / Class	
Criminal Offense Charge(s)	
Sentence (Fine and/or time served)	
Probation: Date completed or anticipation of completion	

Please list all felony or misdemeanor convictions, including any pending charges:	
Offense	
Date of Offense(s)	
State & County	
Felony / Misdemeanor / Class	
Criminal Offense Charge(s)	
Sentence (Fine and/or time served)	
Probation: Date completed or anticipation of completion	

Please provide additional information which you would like the underwriter to consider: