## **Underwriting Questionnaire**

## **Criminal History**



Producer Name		Phone	Date _		
Client Name		Date of Birth			
☐ Male ☐ Female F	ace Amount	Max F	Premium \$	/yr.	
☐Term ☐ Permanent	Has the client ev	ver used any form of tobacco (	cigarettes, cigars, p	ipe, snuff, etc.)? □Yes □No	
requenc <u>y</u>		Date of last use		Туре	
Current alcohol use: Type(s)		Amount per week			
PLEASE NOTE: if the co	se involves multip	le charges, provide answers/		arge	
			Incident		
Date(s) of incident(s)/crim	ne(s)				
Brief description of the circumstances surroundin charge	g the				
List all charge(s) against t	ne client				
Misdemeanor or felony					
Class (A or 1, B or 2, C or	3, D or 4)				
Date of conviction(s)					
Outcome of conviction(s)					
Did the client serve jail tir	ne -				



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## **Criminal History**



	Incident
	incident
Release date from jail	
Any parole or probation	
Date parole or probation was completed	
Have all court proceedings associated with the matter been discharged	
Is the client employed	
If employed, provide occupation and length of employment to date	
Any history of drug/alcohol abuse - if yes, provide details	
Any Motor Vehicle violations on record - if yes, provide details	

