

Underwriting Questionnaire

Criminal History



Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____

Male Female Face Amount _____ Max Premium \$ _____ /yr.

Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Current alcohol use:
Type(s) _____ Amount per week _____

PLEASE NOTE: if the case involves multiple charges, provide answers/details for each charge

| | Incident |
|---|----------|
| Date(s) of incident(s)/crime(s) | |
| Brief description of the circumstances surrounding the charge | |
| List all charge(s) against the 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 time - if yes, length of sentence | |

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| | 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 | |