

QUESTIONNAIRE: CRIMINAL HISTORY

Client Name: _____ Date of Birth: _____

Gender: Male Female Height: _____ Weight: _____

Tobacco Usage: Never Former Current Date Stopped: _____ Type: _____

Coverage Information: Type: Term WL UL VUL IUL Survivorship

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	

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