

QUESTIONNAIRE: CRIMINAL HISTORY

Client Name: _____ Date of Birth: _____
 Gender: Male Female Height: _____ Weight: _____
 Tobacco Usage: Never Former Current
 Coverage Information: Term UL IUL
 WL VUL Survivorship
 Date Stopped: _____
 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: