

# 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	

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