## Underwriting Questionnaire Criminal History

Producer Name		Phone	D	Date		
Client Name		Date of Birth				
🗌 Male 🔲 Female	Face Amount		Max Premium \$	/yr.		
□ Term □ Permanent	Has the client ever	used any form of to	bbacco (cigarettes, cig	ars, pipe, snuff, etc.)? 🗌	]Yes 🗌 No	
Frequency	D	ate of last use		Туре		
Current alcohol use: Type(s)		Amount per we	ek			

## 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 associat- ed 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	

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