

# Criminal History Questionnaire

**Please Note: if this case involves multiple convictions, please provide answers/details for each conviction**

Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: \_\_\_\_\_

Proposed Insured: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Gender: Male  or  Female

Build: Height \_\_\_\_\_ Weight \_\_\_\_\_ Any Weight Loss In Last Year? If so how much \_\_\_\_\_

Product Desired: Term  Guarantee UL  Index UL  Whole Life  Survivorship Life

Face Amount Desired: Option 1 \$ \_\_\_\_\_ Option 2 \$ \_\_\_\_\_ Option 3 \$ \_\_\_\_\_

Maximum Premium Tolerance Per Year: \_\_\_\_\_

Has Client Ever Used Any Form Of Nicotine? No  Yes

Type:  Cigarettes  Cigars  Pipe  Chew  Patch  Nicorette Gum  E-Cigarette  Vape

Frequency: \_\_\_\_\_ Date Last Used \_\_\_\_\_

Current Alcohol Use: Type \_\_\_\_\_ Number of Drinks: \_\_\_\_\_ Per \_\_\_\_\_ Day \_\_\_\_\_ Week Date Last Used: \_\_\_\_\_

1) Date of incident(s)/crimes(s):

2) Brief description of the circumstances surrounding the charge(s):

3) List all charge(s) against the client:

4) Misdemeanor or felony:

5) Class (A or 1, B or 2, C or 3, D or 4)

6) Date of conviction(s)

7) Outcome of conviction(s)

8) Did the client serve any jail time? If yes, what length of sentence and release date:

9) Any parole or probation? \_\_\_\_\_ Completion date? \_\_\_\_\_

10) Have all court proceedings associated with the matter been discharged including restitution and or fines?

No  Yes If No provide details

11) Is client employed, provide occupation, and length of employment to date:

12) Any history of drug/alcohol abuse? If yes, provide complete details

13) Any motor vehicle violations on record? If yes, provide complete details

**Please use additional pages if needed**

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