Criminal History

Producer Name	Phone	Date
Client Name	Date of Birth	☐ Male ☐ Female
Face Amount Max Pre	mium \$ /yr.	□Permanent
Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? 🗌 Yes 🛛 No		
Frequency	Date of last use	Туре
Current alcohol use: Type(s)	Amount per week	

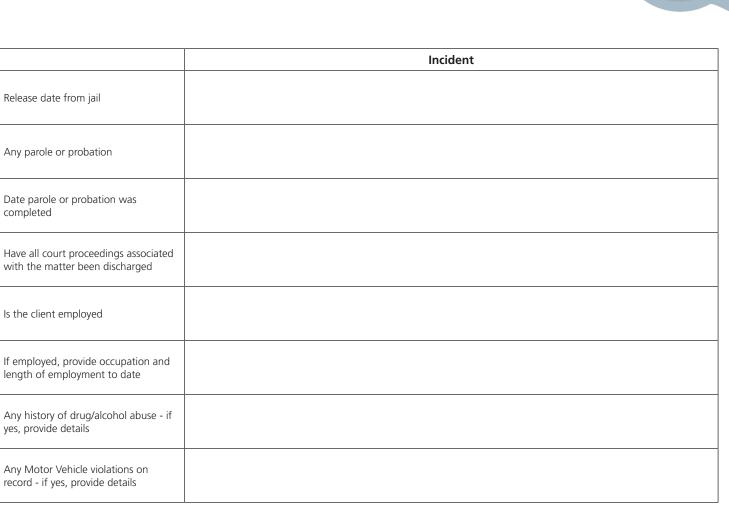
PLEASE NOTE: if the case involves multiple charges, provide answers/details for each charge

	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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Criminal History



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