



Criminal History

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

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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	Incident
Release date from jail	
Any parole or probation	
Date parole or probation was completed	
Have all court proceedings associated 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	