Underwriting Questionnaire

Criminal History

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Producer Name	Phone	Date
Client Name	Date of Birth	
☐ Male ☐ Female Face Amo	ount	Max Premium \$ /yr.
☐ Term ☐ Permanent Has t	:he client ever used any form of toba	acco (cigarettes, cigars, pipe, snuff, etc.)? □Yes □No
Frequency	Date of last use	Type
Current alcohol use: Type(s)	Amount per weel	ek
PLEASE NOTE: if the case invo	lves multiple charges, provide an	nswers/details for each charge Incident
		Incident
Date(s) of incident(s)/crime(s)		
Brief description of the circumstance surrounding the charge	es	
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	

