

Criminal History Questionnaire

Agent Name: _____ Phone #: _____ E-mail: _____

Client Name: _____ Date of Birth: _____ Sex: Male / Female _____

Height: _____ Weight: _____ State: _____ Smoker: Y / N Face Amount: _____

Type of Insurance: Universal Life Whole Life Survivorship Term (# of years _____)

1. What was the date of the incident: _____

2. Provide a brief description of the circumstances surrounding the charge: _____

3. List all charges: _____

4. Was the charge a ☐ misdemeanor or ☐ felony?

Class A or 1 Class C or 3 Class B or 2 Class D or 4

5. What was the date of the conviction? _____

6. What was the outcome of the conviction? _____

7. Did you serve jail time? ☐ Yes ☐ No

If yes, what was the length of the sentence? _____

What was the release date from jail? _____

What date was parole or probation completed? _____

8. Have all court proceedings associated with the matter been discharged? ☐ Yes ☐ No

9. Are you employed? ☐ Yes ☐ No

If yes, provide occupation and length of employment to date: _____

10. Any history of drug/alcohol abuse? ☐ Yes ☐ No

If yes, provide details: _____

11. Any motor vehicle violations on record? ☐ Yes ☐ No

If yes, provide details: _____

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