BROOKFIELD PARTNERS

Criminal History Questionnaire

UNDERWRITING QUESTIONNAIRE

AGENT & CASE INFORMATION

AGENT NAME | PHONE | E-MAIL

PROPOSED INSURED

CLIENT NAME | DATE OF BIRTH | STATE

HEIGHT | WEIGHT | FACE AMOUNT

Sex: ☐ Male ☐ Female

Tobacco / Nicotine Use: ☐ Yes ☐ No

COVERAGE REQUESTED

Type of Insurance: ☐ Universal Life ☐ Whole Life ☐ Survivorship

☐ Term — number of years:

QUESTIONNAIRE

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

☐ 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: