BROOKFIELD PARTNERS

Felony 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. Date of incident/crime and a brief description of the circumstances surrounding it: (list all if more than 1)

2. List all charges against the proposed insured:

3. Date and outcome of conviction: §

- ☐ Misdemeanor
- ☐ Felony Class
- ☐ A or 1
- ☐ B or 2
- ☐ C or 3
- ☐ D or 4

4. Did the proposed insured serve jail time? ☐ Yes ☐ No

If yes, Length of the sentence: Date released from jail?

Any parole or probation? Date completed: ☐ Yes ☐ No

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

6. Is the proposed insured employed? ☐ Yes ☐ No

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

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

If yes, provide details:

8. Any Motor Vehicle violations on record? ☐ Yes ☐ No

If yes, provide details: