



CRIMINAL HISTORY QUESTIONNAIRE TO BE COMPLETED BY THE PROPOSED INSURED

Name of Proposed Insured: _____ DOB: _____
MM/DD/YYYY

1) Have you been arrested? No Yes

2) State and county of arrest(s)?

3) Provide dates and circumstances of arrest:

4) Are you awaiting trial? No Yes

5) If no, were you convicted? No Yes: Misdemeanor Yes: Felony

6) What was the date of the conviction(s) and your sentence(s)?

7) Are you currently on: Parole Probation None

8) Date completed sentence or date off probation / parole? _____

9) Were drugs or alcohol contributors to your arrest? No Yes If yes, provide details:

10) Please provide any additional information you feel is important concerning your criminal history:

I understand that this declaration will be relied upon by 1891 Financial Life in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere, could render the policy, if issued, voidable. I declare that the above answers are true and complete to the best of my knowledge and belief.

Signature of Proposed Insured Date

If age 16 or over, or Parent or Guardian if under age 16 or the age of majority required by the state where the policy is issued for delivery