



## 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 details 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*