



financial life

A Fraternal Benefit Society

200 N. Martingale Rd., Ste. 405
Schaumburg, IL 60173
847-342-4500
info@1891FinancialLife.com
www.1891FinancialLife.com

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) Did you use drugs or alcohol in the 24 hours prior 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. A false statement on this application will not prevent the right to receive the benefit unless the false statement was made with the actual intent to deceive and unless it materially affected the acceptance of the risk assumed by the insurer. 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