

**Please Note: if this case involves multiple convictions, please provide answers/details for each conviction**

Tentative offers obtained are not binding and could be subject to change – Final offers are subject to formal application and review of all required age/face requirements, paramedical requirements and review of complete medical records.

Agent/Advisor Name: \_\_\_\_\_  
Proposed Insured: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Gender: Male  or  Female  
Build: Height \_\_\_\_\_ Weight \_\_\_\_\_ Any Weight Loss In Last Year? If so how much \_\_\_\_\_  
Product Desired: Term  Guarantee UL  Index UL  Whole Life  Survivorship Life   
Face Amount Desired: Option 1 \$ \_\_\_\_\_ Option 2 \$ \_\_\_\_\_ Option 3 \$ \_\_\_\_\_  
Maximum Premium Tolerance Per Year: \_\_\_\_\_  
Has Client Ever Used Any Form Of Nicotine? No  Yes   
Type:  Cigarettes  Cigars  Pipe  Chew  Patch  Nicorette Gum  E-Cigarette  Vape  
Frequency: \_\_\_\_\_ Date Last Used \_\_\_\_\_  
Current Alcohol Use: Type \_\_\_\_\_ Number of Drinks: \_\_\_\_\_ Per \_\_\_\_\_ Day \_\_\_\_\_ Week Date Last Used: \_\_\_\_\_

- 1) Date of incident(s)/crimes(s):  
\_\_\_\_\_
- 2) Brief description of the circumstances surrounding the charge(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3) List all charge(s) against the client:  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Misdemeanor or felony:  
\_\_\_\_\_
- 5) Class (A or 1, B or 2, C or 3, D or 4)  
\_\_\_\_\_
- 6) Date of conviction(s)  
\_\_\_\_\_
- 7) Outcome of conviction(s)  
\_\_\_\_\_  
\_\_\_\_\_
- 8) Did the client serve any jail time? If yes, what length of sentence and release date:  
\_\_\_\_\_
- 9) Any parole or probation? \_\_\_\_\_ Completion date? \_\_\_\_\_
- 10) Have all court proceedings associated with the matter been discharged including restitution and or fines?  
 No  Yes If No provide details  
\_\_\_\_\_
- 11) Is client employed, provide occupation, and length of employment to date:  
\_\_\_\_\_
- 12) Any history of drug/alcohol abuse? If yes, provide complete details  
\_\_\_\_\_  
\_\_\_\_\_
- 13) Any motor vehicle violations on record? If yes, provide complete details  
\_\_\_\_\_  
\_\_\_\_\_

**Please use additional pages if needed**

*The above information is for preliminary underwriting purposes only and will not be made part of any contract.*