Legal History

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor ☐ Disability **Coverage Amount:** _____

Annual Income: _____ **Occupation/Job duties:** _____ **State of Residence:** _____

Anticipated Premium: _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who died by suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Does the client have a history of felony charges? ☐ Yes ☐ No

If yes, please provide specific charges, dates (date of conviction/date of sentence completion), and sentencing for each crime:

_____

2. Does the client have a history of misdemeanor charges? ☐ Yes ☐ No

If yes, please provide specific charges, dates (date of conviction/date of sentence completion), and sentencing for each crime:

_____

3. Is the client currently on probation or parole? ☐ Yes ☐ No

4. If the client has been on parole or probation in the past, please provide date parole/probation was completed:

_____

5. Are there any pending charges? _____

6. Is the client currently employed? _____

