



## Criminal History

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.  Term  Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Current alcohol use:

Type(s) \_\_\_\_\_ Amount per week \_\_\_\_\_

**PLEASE NOTE: if the case involves multiple charges, provide answers/details for each charge**

|   | Incident |
|---|----------|
| Date(s) of incident(s)/crime(s)                               |          |
| Brief description of the circumstances surrounding the charge |          |
| List all charge(s) against the client                         |          |
| Misdemeanor or felony   |          |
| Class (A or 1, B or 2, C or 3, D or 4)                        |          |
| Date of conviction(s)   |          |
| Outcome of conviction(s)                                      |          |
| Did the client serve jail time - if yes, length of sentence   |          |



## Criminal History

|   | Incident |
|---|----------|
| Release date from jail  |          |
| Any parole or probation   |          |
| Date parole or probation was completed                                |          |
| Have all court proceedings associated with the matter been discharged |          |
| Is the client employed  |          |
| If employed, provide occupation and length of employment to date      |          |
| Any history of drug/alcohol abuse - if yes, provide details           |          |
| Any Motor Vehicle violations on record - if yes, provide details      |          |

### Questions?

Please call your McGill Brokerage Marketing Team at 800-279-0751.