

CRIMINAL HISTORY QUESTIONNAIRE

Agent:

Phone:

Fax:

Name of Proposed Insured:	Date of Birth:

1. Please complete for ALL convictions and any pending charges:

	Offense #1	Offense #2	Offense #3
Criminal offense			
Date of offense			
State and County of offense			
Felony or Misdemeanor	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Sentence (fine and/or time served)			
If charges are pending, please check the box.	<input type="checkbox"/> Charges pending	<input type="checkbox"/> Charges pending	<input type="checkbox"/> Charges pending
Have you been on parole or probation? <i>If yes, complete the next question.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Probation or parole: Check box for completed or not completed and provide the date completed.	<input type="checkbox"/> Completed: Date completed: _____ <input type="checkbox"/> Not completed	<input type="checkbox"/> Completed: Date completed: _____ <input type="checkbox"/> Not completed	<input type="checkbox"/> Completed: Date completed: _____ <input type="checkbox"/> Not completed

2. Please provide any additional information that you would like us to consider:

I understand that the Company will rely on the above statements in determining the need and justification for the insurance applied for. I hereby agree that all statements and answers to the above questions are true and complete to the best of my knowledge and belief. A copy of this form will be attached to and made a part of my application for insurance.

The undersigned AGREES to immediately advise the Company of any change to any of the responses contained in the application, including any change in the health or habits of any Proposed Insured, that arise or is discovered after completing this application, but before the policy is effective.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at:	Date:
Witness:	Signature of Proposed Insured:



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