



# Felony Questionnaire

Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agent E-mail: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male /  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ State: \_\_\_\_\_ Smoker:  Yes /  No

Face Amount: \$\_\_\_\_\_ Type of Insurance:  UL  WL  SUL  Term (# of years \_\_\_\_\_)

1. Date of incident/crime and a brief description of the circumstances surrounding it: (list all if more than 1)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List all charges against the proposed insured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date and outcome of conviction: \_\_\_\_\_  
 Misdemeanor  Felony Class:  A or 1  B or 2  C or 3  D or 4

4. Did the proposed insured serve jail time?  Yes  No  
If yes, Length of the sentence: \_\_\_\_\_ Date released from jail? \_\_\_\_\_  
Any parole or probation?  Yes  No Date completed: \_\_\_\_\_

5. Have all court proceedings associated with the matter been discharged?  Yes  No

6. Is the proposed insured employed?  Yes  No  
If yes, provide occupation and length of employment to date: \_\_\_\_\_  
\_\_\_\_\_

7. Any history of drug/alcohol abuse?  Yes  No  
If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

8. Any Motor Vehicle violations on record?  Yes  No  
If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

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