



HERMANN SONS LIFE

CRIMINAL HISTORY QUESTIONNAIRE TO BE COMPLETED BY THE PROPOSED INSURED

Name _____ Date of Birth _____

1. Have you been arrested? Yes No (If yes, provide details, including fault)

2. State and county of arrest or conviction?

3. Provide dates and circumstances of arrest:

4. Are you awaiting trial? Yes No

5. If no, were you convicted? Yes: Misdemeanor Felony No

6. What was your sentence?

7. Are you currently on PAROLE PROBATION NONE

8. Date completed sentence or date off Probation / Parole? _____

9. Were drugs or alcohol contributors to your arrest? Yes No

If yes, please provide details on your use: _____

10. Please be candid with information that could help us with your history:

I understand that this declaration will be relied upon by the Company in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere could render the policy, if issued, voidable. I declare that the above answers are true and complete to the best of my knowledge.

Signature of the Proposed Insured or Guardian

Date