

American Income Life Insurance Company

P.O. Box 2608

Waco, TX 76797

254-751-8600

www.aillife.com

ARREST QUESTIONNAIRE
(For Arrests other than DWI's)

Applicant's Name _____

Policy Number _____

Date of arrest? _____ Place (City, ST)? _____

Description of incident that led to arrest? _____

Charge? _____

Was this a Felony? _____ or a Misdemeanor? _____

Were you convicted? _____ Date of conviction? _____

Length of Sentence? _____

Any time served in jail? _____ How long? _____

Any time served in prison? _____ How long? _____

Paroled? _____ Date? _____ How long? _____

Probation? _____ Date Began? _____ How long? _____

Paid fine? _____ Amount of fine? _____

Any other arrests other than DWI? _____ (if yes, complete a separate Arrest Questionnaire for each arrest)

Note: Information regarding arrests for DWI's should be provided on an Alcohol Use Questionnaire.

X _____
(Proposed Insured's Signature)

X _____
(Date)

X _____
(Agent's Signature)