

INSURED'S NAME _____ APPLICATION NUMBER _____

ARREST QUESTIONNAIRE
 (FOR ARRESTS OTHER THAN DWI'S)

DATE OF ARREST? _____ PLACE (CITY, ST)? _____

DESCRIPTION OF INCIDENT THAT LED TO ARREST? _____

CHARGE? _____

WAS THIS A FELONY? _____ MISDEMEANOR? _____ AGGRAVATED? _____

WERE YOU CONVICTED? _____ DATE(S) _____ LENGTH OF SENTENCE _____

ANY TIME SERVED IN JAIL? _____ HOW LONG? _____

ANY TIME SERVED IN PRISON? _____ HOW LONG? _____

ANY DEFERRED ADJUDICATION? _____ HOW LONG? _____

PAROLED? _____ DATE BEGAN? _____ HOW LONG? _____

PROBATION? _____ DATE BEGAN? _____ HOW LONG? _____

PAID FINE? _____ AMOUNT OF FINE? _____

ANY OTHER ARRESTS? _____ (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 _____ DATE _____
 Proposed Insured's Signature

X _____
 (Agent's Signature)

