

### Criminal Activity Questionnaire

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Have you been convicted of a crime or violation of any law or are you currently accused of a crime or violation of any law for which a verdict has not yet been rendered?  Yes  No

If yes, please answer the following questions:

Number of crimes or violations of any law: \_\_\_\_\_

Nature of criminal act(s): \_\_\_\_\_

Dates (DD/MM/YYYY): \_\_\_\_\_

Sentence: \_\_\_\_\_

On probation:  Yes  No    If yes, give dates:    Start date: \_\_\_\_\_    End date: \_\_\_\_\_  
DD/MM/YYYY DD/MM/YYYY

2. Have you ever used any drugs?  Yes  No

If yes, please specify:

Type	Quantity	Frequency	Date first used	Date last used

3. Do you currently consume alcoholic beverages?  Yes  No

If yes, please specify:

Amount	Wine (glasses)	Beer (bottles)	Liquor (ounces)
Daily			
Weekly			
Monthly			
Yearly			

Have you ever consumed more alcohol than you do currently?  Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

4. Have you ever consulted a doctor or received treatment because of any drug or alcohol use?  Yes  No

If yes, indicate the dates and names of physicians, hospitals or treatment centers involved: \_\_\_\_\_

\_\_\_\_\_

I declare that the above information is true and complete and acknowledge that it shall form part of my insurance application with Assumption Life.

Signature of proposed insured (parent or legal guardian if a minor) \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_