

# MORAL HAZARDS QUESTIONNAIRE

DATE: \_\_\_\_\_ ADVISOR NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## CLIENT INFORMATION:

PROPOSED INSURED: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

MALE  FEMALE STATE OF SALE: \_\_\_\_\_

OTHER COMPANY ACTIONS:  RATED TABLE \_\_\_  POSTPONED  DECLINED

OTHER COMPANY DETAILS: \_\_\_\_\_

TYPE OF PROBLEM (e.g. CRIMINAL RECORD, LACK OF APPLICANT CANDOR, CRIMINAL ASSOCIATES, CONVICTIONS, ETC.):

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DATE(S) ASSOCIATED WITH INCIDENCE: \_\_\_\_\_

DATE OF LAST OCCURENCE: \_\_\_\_\_

WAS PROPOSED INSURED EVER CONVICTED?  YES  NO

IF YES, HAS TIME BEEN SERVED OR IS CASE IN APPEAL? PLEASE EXPLAIN: \_\_\_\_\_

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IS PROPOSED INSURED CURRENTLY ON PROBATION?  YES  NO

IF YES, WHEN WILL PROBATION BE LIFTED? \_\_\_\_\_

PLEASE DESCRIBE ANY "LIFESTYLE" CHANGES (e.g. STABLE EMPLOYMENT, ETC.): \_\_\_\_\_

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***PlusMarketing@pfnins.com***



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