

ALCOHOL USE QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ M F Birth or Age: _____
 Face Amount: _____ Max. Premium: \$ _____/year UL WL Term Survivorship
 Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____
 Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): Y N
 If Yes, please provide details: _____
 When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Do you presently use alcohol? Yes No If no, date of last alcohol use: _____

Quantity	Beer	Wine	Liquor	Dates: From - To
Daily				
Weekly				
Monthly				

(2) Did you ever drink substantially more than now? Yes No If yes, provide details in the following table:

Quantity	Beer	Wine	Liquor	Dates: From - To
Daily				
Weekly				
Monthly				

(3) Have you ever been treated for excessive alcohol use? Yes No

If yes, please provide details: _____
 _____ Date(s): _____

(4) Have you ever been arrested for driving under the influence (DUI) or for driving while intoxicated (DWI)? Yes No

If yes, please provide details: _____
 _____ Date(s): _____

(5) Have you ever experienced any of the following? If yes, please provide details below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Psychological disorders | <input type="checkbox"/> Emotional Disorder |
| <input type="checkbox"/> Delirium Tremens | <input type="checkbox"/> Hepatitis A, B, or C | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Protein or Blood in Urine | <input type="checkbox"/> Liver problems | <input type="checkbox"/> Other medical condition (describe below) |

(6) Do you attend AA or similar? Yes No If yes, how often? _____

(7) Please provide any additional information that would help us negotiate the lowest rates possible: _____
