

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:*

- Blackouts
- Convulsions
- Delirium Tremens
- Protein or Blood in Urine
- High blood pressure
- Psychological disorders
- Hepatitis A, B, or C
- Liver problems
- Depression
- Emotional Disorder
- Kidney Disease
- 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:* _____
