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

_____