



INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

Alcohol Use Questionnaire

Information gathered will be used in the evaluation of the insurability of the applicant. Offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.

Agent's Name: _____ Phone #: _____

Proposed Insured: _____ Date of Birth: ___/___/___

Male () Female () Height _____ Weight _____ Smoker () Non Smoker ()

Amount of Coverage \$ _____ Product Type _____

1. What did you drink, how much and how often? _____

2. Date of last drink? _____ Number of relapses if any? _____

3. For what period of time did you drink excessively? From: _____ to _____

4. Did you use drugs along with alcohol? _____

5. Did your use of alcohol ever cause business, family, medical or social problems? _____

6. Any traffic violations or legal problems due to alcohol use? _____

7. Why did you change or quit your drinking habit? _____

8. Have you undergone any type of therapy or ever been hospitalized? _____

9. Are you now an active member or participate in a support group? _____

10. Any residual damage (i.e. memory loss or liver damage), are blood studies normal?

11. Provide details of medication (i.e. type, dosage, frequency)? _____
Are you taking antabuse? If yes, how long? _____

12. Do you now drink any alcoholic beverage(s)? _____