



ALCOHOL USAGE QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
 Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
 Broker's Name: _____ Face Amount: _____
 Address: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

1. If you presently use any of the following alcoholic beverages, indicate type, frequency and amount?

- Beer Daily Weekly Monthly Amount: _____
 Wine Daily Weekly Monthly Amount: _____
 Liquor Daily Weekly Monthly Amount: _____

2. If you do not presently use alcohol, when did you take your last drink?

3. Are you presently taking Antabuse or any other treatment? Yes No

4. Did you ever drink more substantially than present? No Yes, Details:

- | | |
|--|--|
| <input type="checkbox"/> Beer <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Amount: _____ | Dates: _____ To _____
(Year) (Year) |
| <input type="checkbox"/> Wine <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Amount: _____ | Dates: _____ To _____
(Year) (Year) |
| <input type="checkbox"/> Liquor <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Amount: _____ | Dates: _____ To _____
(Year) (Year) |

5. Why did you change your drinking habits?

6. Have you ever had a relapse?

- No Yes, Date(s)
Details: _____

7. Have you had any moving traffic violations in the last 5 years? No Yes, Details:

- Violations Number: _____ Type: _____ Dates: _____
 Accidents Number: _____ Were you at fault? Yes No
 License suspensions or revocations : Dates: _____
 Reasons: _____

8. Please add any additional information which you feel is important:

9. Have you ever received treatment or counseling, consulted or been advised by a doctor, medical facility, or support group (Alcoholics Anonymous, etc.) because of your alcohol use?

- No Yes, Name and address(es) of any doctor(s), hospital(s), and/or treatment center(s): _____