

ALCOHOL USAGE QUESTIONNAIRE

Name: _____ Date of Birth: _____

Cigarette Smoker: Yes No

1. Do you presently consume alcohol beverages? YES NO

If "NO," date of last drink: _____ If "YES," list quantity: _____

		BEER	WINE	LIQUOR
QUANTITY:	Daily:	_____	_____	_____
	Weekly:	_____	_____	_____
	Monthly:	_____	_____	_____

2. Did you ever drink substantially more than at present? YES NO

Dates: From: _____ To: _____

If "YES," list quantity:

		BEER	WINE	LIQUOR
QUANTITY:	Daily:	_____	_____	_____
	Weekly:	_____	_____	_____
	Monthly:	_____	_____	_____

Why did you change your drinking habits? _____

3. Are you active in A.A. or other recovery groups? YES NO How long? _____

4. Have you ever consulted a doctor or received treatment because of your alcohol use? YES NO

If "YES", indicate name and address of any doctor, hospital or treatment center: _____

5. Have you ever been charged with driving under the influence of alcohol? YES NO

If "YES", give details and drivers license number: _____

Notes/comments: _____

Signature of Proposed Insured: _____ Date: _____

NOTICE: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud, which is a crime.