



INSURANCE MARKETING SERVICES

PRODUCTS SERVICE AND TECHNOLOGY

Alcohol and Drug Abuse 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. Please note client's condition:

Alcohol Abuse — answer questions 2 through 7 and 12 through 14

Drug, or other substance abuse — answer questions 8 through 14

2. Does the client currently consume any type of alcoholic beverage?

Yes No

If yes, how often and in what amounts:

3. Is the client currently a member of AA or a similar support group?

Yes No

4. Has the client ever been hospitalized, institutionalized, or been an outpatient in an alcohol rehabilitation program?

Yes No

If yes, list time of discharge: Month _____ Year _____

5. Within the last six years, list the occasion and date of driving under the influence (DUI) arrests and convictions: None

Month _____ Year _____

Month _____ Year _____

Month _____ Year _____

Month _____ Year _____

6. Results of the client's most recent liver function tests:

Normal Minimally elevated Moderately elevated Elevated

7. Is the client presently taking, or taken in the past, antabuse or another medication to help control drinking?

Yes No

8. Is the client using, or used in the past, any of the following substances or drugs (check box and detail below):

Opiates/Narcotics: Heroin, Codeine, Morphine, Methodone, Demorol

Barbiturates: Amytal, Phenobarbital

Non-Barbiturates: Placidyl, Doriden, Quaalude

Amphetamines: Benzedrine, Dexedrine

Methamphetamine: Cocaine, Crack, Ice

Hallucinogens: LSD, Peyote, Psilocybin, Ecstasy

Marijuana

Other

Substance _____

Amount and Frequency _____

Last used: Month _____ Year _____

9. Has the client ever been treated for substance abuse:

Yes No

If yes, please detail: Month _____ Year _____ Place _____

10. Has the client ever been arrested for possession, use, distribution of, or sale of an illegal substance:

Yes No

If yes, please detail: Month _____ Year _____ City/State _____

11. Client's marital status:

Married Single Divorced Widowed

12. Client's occupation

13. Please list any other illnesses or impairments; along with any and all medications currently being taken, include the dosage and frequency of each:
