



## ALCOHOL USE QUESTIONNAIRE TO BE COMPLETED BY THE PROPOSED INSURED

Name of Proposed Insured: \_\_\_\_\_ DOB: \_\_\_\_\_  
MM/DD/YYYY

1) Do you currently drink alcohol?  Yes  No

Quantity	Beer	Wine	Liquor	Date of Last Drink
Daily				
Weekly				
Monthly				
Yearly				

2) Have you ever consumed substantially more than above?  Yes  No *If yes, reason reduced or quit?* \_\_\_\_\_

Quantity	Beer	Wine	Liquor	Date of Last Drink
Daily				
Weekly				
Monthly				
Yearly				

3) Have you ever received medical treatment by a physician or treatment facility or counseling for by a counselor, or clergy because of alcohol use?  Yes  No *(If yes, provide dates, person or facilities' names and addresses for all treatments)*  
\_\_\_\_\_  
\_\_\_\_\_

4) Have you ever been a member of AA (Alcoholics Anonymous) or other support group for alcohol use?  Yes  No  
*(If yes, provide date first attended, date last attended, and how often you attend)*  
\_\_\_\_\_  
\_\_\_\_\_

5) Have you ever received medical treatment, lost your job or missed work due to alcohol use?  
 Yes  No *(If yes, provide details)*  
\_\_\_\_\_  
\_\_\_\_\_

6) Have you within the past 5 years plead guilty to or been convicted of any alcohol related crime (including DUI, DWI, and reckless driving)?  Yes  No *(If yes, provide details, dates, county arrested and if all legal issues have been resolved)*  
\_\_\_\_\_  
\_\_\_\_\_

7) Are you currently using or have you ever used or abused illegal drugs, prescriptions or controlled substances?  
 Yes  No *(If yes, please complete Drug Use Questionnaire)*

8) Please provide any additional information concerning your use of alcohol:  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this declaration will be relied upon by 1891 Financial Life Insurance in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere, could render the policy, if issued, voidable. I declare that the above answers are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Proposed Insured Date  
*If age 16 or over, or Parent or Guardian if under age 16 or the age of majority required by the state where the policy is issued for delivery*