



MARIJUANA USE QUESTIONNAIRE TO BE COMPLETED BY THE PROPOSED INSURED

Name of Proposed Insured: _____ DOB: _____
MM/DD/YYYY

1) Do you currently use marijuana? Yes No

2) How is marijuana used? (Check all that apply)

SMOKING VAPORIZING CAPSULE EATEN OTHER

3) Provide amount and how often marijuana is used:

QUANTITY	HOW OFTEN	METHOD / TYPE
_____	_____	_____
_____	_____	_____

4) Reason for using marijuana? RECREATIONAL MEDICINAL

5) If medicinal, please provide specific disease for marijuana use.

6) List the doctor or medical facility that has the most up-to-date information concerning your marijuana use:

Name: _____
Address: _____
Date last seen: _____

7) Please provide any additional details that could help us understand your disease:

I understand that this declaration will be relied upon by the 1891 Financial Life 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 and belief.

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