

**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.*