

Alcohol Abuse Underwriting Questionnaire

Agent Name _____ Phone _____

Email Address _____

Applicant Last Name _____ Date of Birth _____

Sex Male Female Height/Weight _____ / _____

Occupation _____ Ever use nicotine products?

If yes, check type and list date last used: Other: _____

Date last used _____ Frequency per month _____

Product Applying for: Term Universal Face Amount _____

1. Have you ever been treated for alcohol abuse? No Yes
- History of Condition**
- a. When did condition begin? _____
 - b. Time since stopped drinking? _____
 - c. Relapses? Date of last drink: _____
 - d. Reason for stopping: _____
 - e. Stable job and home life? _____

Treatment Therapy

- a. Hospitalization required? No Yes- When/Where: _____
- b. In/out-patient therapy? _____
- c. Member of AA or support group? No Yes- How often do you attend: _____
- d. Have you ever used Antabuse? Yes- Date last used: _____

2. Do you have any medical problems including liver disease or elevated liver enzymes? No Yes
3. Was there also drug abuse? No Yes
4. Do you currently use drugs: No Yes
 How long had you been using drugs? _____ Treated for drug problem? No Yes
5. Have you ever been convicted of any driving offense related to alcohol? No Yes
 If yes, please provide dates and explain: _____
6. Was any treatment for either alcohol or drugs court appointed? No Yes

7. Additional Comments:

