

# Securelife Preliminary Underwriting Questionnaire

## ALCOHOL USAGE

General: Applicants with a current alcohol abuse problem or that have been diagnosed with cardiomyopathy, ascites, cirrhosis or esophageal varices cannot be considered. Most others can be considered after they have been "clean" for 2 years (possibly 1 year if less severe). As this is a general guideline only, we recommend that you submit a preliminary inquiry prior to proceeding with a full application. To do so, please complete the following brief questionnaire and fax (416-322-6846) or email ([info@hunmcc.com](mailto:info@hunmcc.com)) it to us.

Client name (optional): ..... Age or Birthdate: .....

Height: ..... Weight: .....  Male  Female Smoker:  Yes  No

1. Do you presently use alcoholic beverages?  Yes  No If yes, please record the quantity in each category below (glasses, ounces or bottles, and whether on a daily, weekly or monthly basis):

Amount	Wine	Beer	Liquor	Date of last drink
Daily				
Weekly				
Monthly				

2. Did you ever drink substantially more than as outlined above?  Yes  No If yes, please complete chart below:

Amount	Wine	Beer	Liquor	Date of last drink	No. of years
Daily					
Weekly					
Monthly					

3. Have you ever consulted a doctor, received treatment, or had treatment recommended because of your alcohol usage?  
 Yes  No If yes, please provide details:

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4. Current medications for any condition: .....

5. Are you active in AA or other recovery program?  Yes  No If yes, for how long: .....

6. Have you ever been charged with impaired driving, lost your job, or been arrested due to the influence of alcohol?  
 Yes  No If yes, please provide dates and details:

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7. Have you ever been arrested for any other reason?  Yes  No If yes, give specifics:

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8. Is there any other history or condition that you think may affect your insurability? If yes, please provide a brief summary below, or complete the appropriate questionnaire.

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Advisor name: \_\_\_\_\_ email: \_\_\_\_\_

Advisor telephone: \_\_\_\_\_ Today's date: \_\_\_\_\_