

Securelife Preliminary Underwriting Questionnaire

DRUG USAGE

General: We cannot consider an application on an individual that has a current alcohol or drug abuse problem. We can consider most applicants after they have been “clean” for 2 years. 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) it to us.

Client name (optional): Age or Birthdate:

Height: Weight: Male Female Smoker: Yes No

1. Please provide details of **past** drug use:

Type of drug	Usual quantity consumed	Frequency of Use	Dates used

2. Please provide details of **current** drug use:

Type of drug	Usual quantity consumed	Frequency of Use	Dates used

3. Have you ever sought medical treatment, or had treatment recommended because of drug usage: Yes No

If yes, give details:
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4. Have you ever been confined to a bed or lost a job due to excessive use of any drug: Yes No If yes, give details:

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5. Have you ever been arrested or charged in connection with drugs: Yes No If yes, give dates and details:

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6. Have you ever suffered from liver disorder: Yes No

If yes, indicate amounts and frequency of beer, wine or liquor consumption:
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7. Have you ever been to emergency in connection with drugs or alcohol: Yes No If yes, give dates and details:

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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, or complete the appropriate questionnaire.

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Advisor name: _____ email: _____

Advisor telephone: _____ Today's date: _____