

**Securelife Underwriting Questionnaire**

**ALCOHOL USAGE**

Proposed Insured Name: ..... Birthdate: .....

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:

.....  
.....  
.....

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

5. 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:

.....  
.....  
.....

6. Has any member of your immediate family been treated for or died due to excessive alcohol?

Yes  No If yes, please provide dates and details:

.....  
.....  
.....

I hereby declare that the above statements are complete and true and that this questionnaire shall form part of my application for insurance.

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date