

**Securelife Underwriting Questionnaire**

**DRUG USAGE**

Proposed Insured Name: .....

Birthdate: .....

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: .....  
.....

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:

.....

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

.....

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

If yes, indicate amounts and frequency of beer, wine or liquor consumption: .....  
.....

7. Have you ever been to emergency in connection with drugs or alcohol? ?Yes   ?No    If yes, give 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