

ALCOHOL USAGE QUESTIONNAIRE

Insured's Name: _____ DOB: _____ State: _____ Sex: M / F
Height: Ft. In. Weight: _____ Face Amount: _____
Tobacco use in the past 5 years: No Yes Details: _____
Producer: _____ State: _____ Phone: _____ E-mail: _____

Proposed Insured please answer the following:

1. If you presently use any of the following alcoholic beverages, indicate type, frequency and amount:
Beer Daily Weekly Monthly Amount:
Wine Daily Weekly Monthly Amount:
Liquor Daily Weekly Monthly Amount:
2. If you do not presently use alcohol, when did you take your last drink?
3. Are you presently receiving treatment for substance abuse? Yes No
4. Did you ever drink more substantially than present? Yes No
Beer Daily Weekly Monthly Amount: Dates:
Wine Daily Weekly Monthly Amount: Dates:
Liquor Daily Weekly Monthly Amount: Dates:
5. Why did you change your drinking habits?
6. Have you ever had a relapse? No Yes Date(s):
Details: _____
7. Have you had any moving traffic violations in the last 5 years? Yes No
Details: _____
Violations Number: Type: Dates:
Accidents Number: Were you at fault? Yes No
License suspensions or revocations Dates:
Reasons: _____
8. Have you ever received treatment or counseling, consulted or been advised by a doctor, medical facility, or support group (Alcoholic Anonymous, etc.) because of your alcohol use? No Yes
Name(s) and address(es) of any doctor(s), hospital(s), and/or treatment center(s): _____

Additional Information (please use reverse side for additional space):

Date: _____ Insured's Signature: _____

Return to - jim@uswolfe.com or Fax to 815-377-3556