ELITE MARKETING GROUP
An insurance Designers member since 1986

ALCOHOL USE QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ ☐ M ☐ F Birth or Age: _____

Face Amount: _____ Max. Premium: $ _____/ year ☐ UL ☐ WL ☐ Term ☐ Survivorship

Do you currently smoke cigarettes? ☐ Y ☐ N If no, did you ever smoke: ☐ Never ☐ Quit (Date): _____

Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): ☐ Y ☐ N

If Yes, please provide details: _____

When did you last use any form of tobacco: ____ (Month) _____ (Year) Type used last: _____

(1) Do you presently use alcohol? ☐ Yes ☐ No ***If no, date of last alcohol use:*** _____

Quantity	Beer	Wine	Liquor	Dates: From - To
Daily				
Weekly				
Monthly				

(2) Did you ever drink substantially more than now? ☐ Yes ☐ No ***If yes, provide details in the following table:***

Quantity	Beer	Wine	Liquor	Dates: From - To
Daily				
Weekly				
Monthly				

(3) Have you ever been treated for excessive alcohol use? ☐ Yes ☐ No

If yes, please provide details: _____

_____ Date(s): _____

(4) Have you ever been arrested for driving under the influence (DUI) or for driving while intoxicated (DWI)? ☐ Yes ☐ No

If yes, please provide details: _____

_____ Date(s): _____

(5) Have you ever experienced any of the following? If yes, please provide details below:

☐ Blackouts
☐ Convulsions
☐ Delirium Tremens
☐ Protein or Blood in Urine
☐ High blood pressure
☐ Psychological disorders
☐ Hepatitis A, B, or C
☐ Liver problems
☐ Depression
☐ Emotional Disorder
☐ Kidney Disease
☐ Other medical condition (describe below)

(6) Do you attend AA or similar? ☐ Yes ☐ No ***If yes, how often?*** _____

(7) Please provide any additional information that would help us negotiate the lowest rates possible: _____

_____

_____