Underwriting Questionnaire

Alcohol Use



Producer Name		Phone	_ Date	_ \
Client Name		Date of Birth		
☐ Male ☐ Female	Face Amount	Max Prem	ium \$ /yr.	
☐ Term ☐ Permanent	Has the client ever used a	ny form of tobacco (cigarett	es, cigars, pipe, snuff, etc.)?	□Yes □No
Frequency	Date	of last use	Type	
Does the client use alco	ohol □Yes □No If no, date	e of last alcohol use:		
Quantity	Beer	Wine	Liquor	How often?
In the past, did the clie	nt drink substantially more than	n now □ Yes □ No If yes	s, provide details below:	
Quantity	Beer	Wine	Liquor	How often?
Has the client ever bee If yes, provide details b	n arrested for driving under the elow, including dates:	e influence (DUI) or for drivin	ng while intoxicated (DWI)?	□Yes □No
Does the client attend	AA or similar □Yes □No	If yes, how often		
Is the client taking or h name of medication an	as the client ever been prescrib d details:	ed Antabuse or any other m	edication to control his/her	drinking? If yes, provide



List any other major health problems the client has:

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