

# Underwriting Questionnaire

## Marijuana Use



Producer Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female Face Amount \_\_\_\_\_ Max Premium \$ \_\_\_\_\_ /yr.

Term  Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)?  Yes  No

Frequency \_\_\_\_\_ Date of last use \_\_\_\_\_ Type \_\_\_\_\_

Date client first used marijuana \_\_\_\_\_ How many times per week does the client use marijuana \_\_\_\_\_

How is it ingested (smoked, drops, pills, etc.) \_\_\_\_\_

Quantity used per occasion \_\_\_\_\_

Is the marijuana use medicinal  Yes  No

If yes, advise prescription date \_\_\_\_\_

If yes, what condition(s) is marijuana prescribed for \_\_\_\_\_

Other history of using drugs (past or present). Provide full details including type(s) of drug used, date(s) used and date(s) of last use

Does the client use alcohol  Yes  No Frequency \_\_\_\_\_ How much per occasion \_\_\_\_\_

Has the client received treatment for drug or alcohol abuse  Yes  No If yes, provide details \_\_\_\_\_

Has the client ever had a DUI/DWI  Yes  No If yes, provide details, including date(s) \_\_\_\_\_

Does the client have any motor vehicle violations on his or her records  Yes  No If yes, provide details including type of violation(s) and date(s) \_\_\_\_\_

Client's occupation \_\_\_\_\_

If the client works in the marijuana industry, provide full disclosure of company name, position, and duties in the space below.

List any other major health problems the client has: