

ALCOHOL USE QUESTIONNAIRE

INSURED'S NAME _____ APPLICATION NUMBER _____

Have you ever been charged with Driving While Intoxicated/Impaired? YES ☐ NO ☐

If yes, how many? _____ Drivers License # _____

Date(s) of arrest? _____

Do you currently Drink? YES ☐ NO ☐

If no longer drinking, date of last drink? _____

Do/Did you drink? ☐ Almost Daily
(Circle one) ☐ 1-2 Times A Week
☐ 1-2 Times A Month
☐ Less Often Than Above

Approximately how many drinks in one day? _____

Have you ever:

A. Received treatment for alcohol use? YES ☐ NO ☐

B. Been a member of A.A.? YES ☐ NO ☐

If yes to A. above:

Date or dates of treatment _____

Facility where treated _____

Were you confined? Inpatient ☐ Outpatient ☐

If so, how long? _____

If yes to A. or B. above, was this Voluntary ☐ Court Ordered ☐

Do you currently attend A.A. meetings? YES ☐ NO ☐

Why did you have treatment or join A.A.? _____

Have you ever used street drugs or abused prescription drugs? YES ☐ NO ☐

If yes, complete Drug Questionnaire also.

X _____ Date _____
Proposed Insured's Signature

X _____
(Agent's Signature)

