

Alcohol Questionnaire

Last Name: _____ First Name: _____
Please Print

Date of Birth: _____ Policy/Application Number: _____

1. Do you currently consume alcohol? Yes No

	Beer (quantity)	Wine (quantity)	Liquor (quantity)
Daily			
Weekly			

2. Have you ever consumed more alcohol than you do currently? Yes No
 If yes, when and why did you change your drinking habits?

3. Have you ever consulted a doctor or received treatment or counseling, related to alcohol use? Yes No

Name of doctor, hospital or clinic	Address	Dates

4. Have you ever been a member of Alcoholics Anonymous, Narcotics Anonymous or a similar support group for recovering addicts? Yes No
 If yes, please answer the following questions:

When?

How often do you attend meetings?

How many meetings did you attend in the last six months?

Are you presently active?

When is your "dry date?"

Have you had any lapses of sobriety? Yes No
 If yes, please state relevant dates:

5. Have you ever been arrested or convicted for driving while under the influence of alcohol, reckless driving, ever had your driver's license suspended or been required to attend an alcohol or drug awareness program ordered by the court? Yes No
 If yes, please provide details including dates for each occurrence:

6. Please provide any additional information that you feel is important:

Declaration

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Name

Signature

Date