

My Family Life Insurance

QUICK QUOTE ALCOHOL & SUBSTANCE USAGE

Client Name _____ Male Female Date of Birth _____ State _____

Amount of Insurance \$ _____ Type of Insurance _____

Tobacco Use? Never Present Former Check type: smokeless cigar cigarette pipe

Mo/Year quit _____ # Years as a smoker _____ # Packs per day _____

1. Please note condition: Alcohol abuse (Answer questions 2 through 6 and 9 through 13)

Drug or other substance abuse (Answer questions 7 through 13)

2. Do you currently consume any type of alcoholic beverages? Yes No

If Yes, how often and in what amounts? _____

Details of past alcohol abuse:

From: _____ To: _____ Amount: _____ Frequency: _____

3. Are you currently a member of AA or a similar support group? Yes No

4. Within the last six years, list the occasion and date(s) of driving under the influence (DUI's), arrests and convictions.

None Dates _____

5. Results of your most recent liver function test: Normal Minimally elevated Moderately elevated Elevated

Attach blood test results if available.

6. Are you presently taking, or have you taken antabuse or any other medication to help control your drinking? Yes No

If Yes, dates and duration: _____

7. Are you using or have you ever in the past used the following substances or drugs:

Opiates/Narcotics: Heroin, Codeine, Morphine, Methadone, Demerol Methamphetamine: Cocaine, Crack, Ice

Barbiturates: Amytal, Phenobarbital Hallucinogens: LSD, Peyote, Psilocybin

Non-barbiturates: Placidyl, Doriden, Quaalude Marijuana

Amphetamines: Benzedrine, Dexedrine Other

Substance _____ Amount _____ Frequency _____ Date last used _____

Substance _____ Amount _____ Frequency _____ Date last used _____

8. Have you ever been arrested for possession, use, distribution of an illegal substance? Yes No

9. Have you ever been hospitalized, institutionalized or been an outpatient in an alcohol or substance abuse program? Yes No

If Yes, please detail: Place: _____ Admitted: _____ Discharged: _____

Place: _____ Admitted: _____ Discharged: _____

Place: _____ Admitted: _____ Discharged: _____

10. Marital status: Married Single Divorced

Occupation: _____ Employer _____ Yrs. _____

Previous Employer _____

11. Please list any other impairments: _____

12. Please list any and all medications currently being taken: _____

13. Last life insurance application: Date _____ Company _____ Action _____

Any additional information: _____



Agent Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

Email _____

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance.