

Alcohol Abuse Questionnaire

SECTION I: AGENT INFORMATION

*Full Name of Agent:

Agent's Phone Number

SECTION II: CLIENT BACKGROUND INFORMATION

Client's Name

Date Of Birth:

Sex: Male Female

Smoker: Smoker Non-smoker

If history of smoking, date stopped?:

Occupation? (if not currently employed explain - ie:
disabled, Social Security Disability Workman's Comp., etc.)

Type of product:

Face amount requested?

Premium Range Desired? (If replacement, list current
premium and face amount)

SECTION III: CLIENT MEDICAL INFORMATION

Prior company action? (Name of company, rating, premium)

Type of medical impairment or other underwriting problem?

Date condition was first diagnosed?

Current height and weight? (If weight has changed in the last 12 months, please indicate)

Current blood pressure readings?

Name all medications currently being taken. Include dosage and frequency. (ie: 25mg. 2X per day)

Is client currently seeing a doctor for listed condition? Date of last visit?

Types and dates of surgery or hospital treatment?

Has any immediate relative (father, mother, sister, brother) died prior to age 60 of heart disease, diabetes complications, or cancer?

Any other medical history?

SECTION IV: ALCOHOL USE QUESTIONS

Definition: Alcohol abuse, dependence or addiction. Chronic heavy drinking, intoxication or binge drinking. Alcohol use resulting in impairment of health.

Do you presently use alcoholic beverages? If "Yes," give quantities.

Date of last drink? Reason for stopping? Number of relapses if any? Dates? Is Client currently a member of an alcoholic use recovery group such as AA, NA, or CA? If "Yes," how long?

Did the client go through a formal treatment program? Was treatment on an Inpatient or Outpatient basis? Date(s)?

Any traffic violations or legal problems due to alcohol use? Details and date(s)?

Has a blood profile (including liver function tests) been done within last 12 months? Results?

Any residual damage (ie: liver damage or memory loss)? If "Yes," type of damage and date diagnosed.

Is client presently taking Antabuse, Naltrexone or any other medication to control drinking? If "Yes," date last used?

Was client ever treated for drug problems? If "Yes" answer Drug Abuse questionnaire.

Current family status (ie: married, divorced, single, children, etc.)

After we receive your information and if we have no further questions, we will be back to you within 48 hours with an Inst-A-Quote™ on your client, proposals, and a formal application to write your case.

Thank you for using our exclusive Inst-A-Quote™ service.

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