



# Alcohol / Drug Use Questionnaire

Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agent E-mail: \_\_\_\_\_

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

Sex: Male / Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ State: \_\_\_\_\_ Smoker: Yes / No

Face Amount: \$ \_\_\_\_\_ Type of Insurance: UL WL SUL Term (# of years \_\_\_\_\_)

1. Does the proposed insured currently drink alcohol?  Yes  No  
 If no, provide the date of last drink: \_\_\_\_\_ If yes, provide the type, frequency and quantity below:

	Beer (cans/bottles)	Wine (glasses)	Liquor (ounces)
Daily			
Weekly			

2. Does the proposed insured currently use drugs?  Yes  No  
 If no, provide the date of last use, type of drugs used, frequency and quantity: \_\_\_\_\_

If yes, provide the type, frequency and quantity below:

	Marijuana	Cocaine	Other (specify)
Daily			
Weekly			

3. Did the proposed insured ever use alcohol/drugs more than as stated above?  Yes  No  
 If yes, provide the time period: from \_\_\_\_\_ to \_\_\_\_\_  
 Type, quantity and frequency: \_\_\_\_\_  
 Reason for change: \_\_\_\_\_

4. Is the proposed insured an active member of an alcohol/narcotics recovery program (AA/NA)  Yes  No  
 If yes, for how long: \_\_\_\_\_

5. Has the proposed insured ever joined and then left an alcohol/narcotics recovery program?  Yes  No  
 If yes, why? \_\_\_\_\_

6. Has the proposed insured ever consulted a physician, received or been advised to receive treatment because of alcohol/drug use?  Yes  No  
 If yes, provide dates of treatment, type of treatment, and description: \_\_\_\_\_

7. Has the proposed insured ever taken prescribed medication to treat alcohol/drug abuse?  Yes  No  
 If yes, provide name(s) of medication(s) and dates used: \_\_\_\_\_

8. Has the proposed insured ever been convicted of an alcohol/drug related offense?  Yes  No.  
 If yes, provide the type of conviction(s) and date(s): \_\_\_\_\_

**FAX or E-MAIL to Donna Winterstine at 301-355-0429 / [dwinterstine@bsibroker.com](mailto:dwinterstine@bsibroker.com)**