

A Member of The MONY Group
ALCOHOL USAGE QUESTIONNAIRE

Name: _____ Date of Birth: _____

1. Do you presently consume alcohol beverages? YES NO
If "NO", date of last drink _____

		BEER	WINE	LIQUOR
QUANTITY:	Daily:	_____	_____	_____
	Weekly:	_____	_____	_____
	Monthly:	_____	_____	_____

2. Did you ever drink substantially more than at present? YES NO
Dates: From: _____ To: _____

		BEER	WINE	LIQUOR
QUANTITY:	Daily:	_____	_____	_____
	Weekly:	_____	_____	_____
	Monthly:	_____	_____	_____

Why did you change your drinking habits? _____

3. Are you active in A.A. or other recovery groups? YES NO
How long? _____

4. Have you ever consulted a doctor or received treatment because of your alcohol use?
 YES NO

If "YES", indicate name and address of any doctor, hospital or treatment center: _____

5. Have you ever been arrested for driving under the influence of alcohol? YES NO
If "YES", give details and drivers license number: _____

Please add any additional information you feel is important: _____

I certify that I have read the above questions and answers and declare that all statements and answers to the above questions are true and complete as recorded, and I agree that they shall form a part of my application and become a part of any contract of insurance issued on such application.

Applicant Signature

Date