

GENERAL INFORMATION

FIRST NAME	LAST NAME
POLICY NUMBER	DATE OF BIRTH

1. Do you presently use alcoholic beverage? Yes No

If yes, please record quantity in each category below (glasses, ounces or bottles, on a daily, weekly or monthly basis) :

QUANTITY	WINE	BEER	LIQUOR	DATE OF LAST DRINK
DAILY				
WEEKLY				
MONTHLY				

2. Did you ever drink more than as outlined above? Yes No

If yes, please complete:

QUANTITY	WINE	BEER	LIQUOR	STARTING DATE	NUMBER OF YEARS
DAILY					
WEEKLY					
MONTHLY					

3. Have you ever consulted a doctor or received treatment because of your alcohol use? Yes No

If yes, indicate dates, names and addresses of any doctors, hospitals or treatment centers:

4. Have you ever been charged with impaired driving, lost your job, or been arrested due to influence of alcohol? Yes No

If yes, give details: _____

5. Has any member of your immediate family been treated for alcoholism? Yes No

If yes, give details: _____

I declare that the above information is true and complete and shall form part of my application.

SIGNATURE OF THE WITNESS	SIGNATURE OF THE INSURED
NAME OF THE WITNESS	DATE