

First and last names of insured _____

Date of birth

Policy/application number _____

1. Do you presently use alcoholic beverages? Yes No

If yes, please indicate the number of drinks in each category below on a daily, weekly or monthly basis:
(one serving = 150 ml or 5 oz. of wine, 341 ml or 12 oz. of beer or 45 ml or 1.5 oz. of spirits)

	Wine	Beer	Liquor
Daily			
Weekly			
Monthly			

2. Has your consumption been higher in the past? Yes No

If so, please indicate type, number of drinks, frequency as well as the reason and date of the change in the habits.

3. With regard to your consumption of alcohol, have you:

a) been advised to reduce or cease your consumption or consulted a healthcare professional? Yes No

If yes, date:

Name and contact details of the professional consulted: _____

b) had therapy or treatment? Yes No

If yes, type of treatment or therapy: _____

Start date: End date:

Name and contact details of the doctor or establishment consulted: _____

Is this your only period of treatment or therapy? Yes No

If no, please specify the number of times and dates: _____

c) attended support group meetings? Yes No

If yes, start date End date or still attending

4. Have you ever been charged with or found guilty of impaired driving? Yes No

If yes, please provide the date of the infraction and the date your licence was restored. _____

5. Declaration

I acknowledge having fully understood all of the questions above and that the answers given are true and complete. In addition, I consent to having them as an integral part of the requested insurance policy.

X

Signature of insured (signature of the father, mother or legal guardian if the insured is a minor)

Date of signature