

Underwriting Support

Alcohol Use



Please answer each question completely and provide as much detail as possible.

Producer Name: _____ Phone: _____ Date _____

Client Name: _____ Date of Birth: _____ Gender: _____

Coverage Type: Whole Life Term Universal Life Face Amount: _____ Max Premium: _____

Please provide details of specific policy design requests, benefit riders, etc.: _____

Does the client current currently smoke cigarettes?

Yes No

Does the client currently use any other form of tobacco products (i.e. nicotine patch, snuff, pipe, cigars, chew, Nicorette gum, etc.?)

Yes No

If yes, please provide details: _____

ALCOHOL HISTORY

Does the client currently use alcohol? Yes No

If yes, please provide the date that the client last used alcohol: _____

If currently using alcohol, how many times per week does the client consume alcohol? _____

In the past, has the client consumer a higher number of alcoholic beverages in a one week period? If yes, please provide details including dates: _____



Has the client ever been treated for excessive alcohol use? Yes No

If yes, please provide the dates and details of treatment: _____

Has the client ever been arrested for driving under the influence (DUI) or for driving while intoxicated?

Yes No

If yes, please provide details including dates: _____

Please provide details of any/all support groups (i.e. AA meetings, counseling, etc.) _____

Has the client ever experienced any of the following? *(If yes, please provide details in the space provided below.)*

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> More than expected | <input type="checkbox"/> Consistently more |
| <input type="checkbox"/> Less than expected | <input type="checkbox"/> As expected | <input type="checkbox"/> More than expected | <input type="checkbox"/> Consistently more |
| <input type="checkbox"/> Less than expected | <input type="checkbox"/> As expected | <input type="checkbox"/> More than expected | <input type="checkbox"/> Consistently more |
| <input type="checkbox"/> Less than expected | <input type="checkbox"/> As expected | <input type="checkbox"/> More than expected | <input type="checkbox"/> Consistently more |

Please provide the details of any items marked yes: _____

In the area below, please provide any additional details pertinent to your clients medical/personal history and his or her alcohol use history: