



**Underwriting Specialists, Inc.**  
 PO Box 409, Ft. Washington, PA 19034-0409

**ALCOHOL USAGE QUESTIONNAIRE**  
 Attached to and made part of my inquiry for insurance.

Name \_\_\_\_\_

1. Do you presently consume alcoholic 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 represent that all my answers and statements are complete and true and correctly recorded before being signed below.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Proposed Insured