



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

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

Name _____

1. Are you now using or have you used in the past any of the following drugs:

a) Opium derivatives: Heroin, Morpine, Demerol, Methadone, Codeine or Percodan, Dilaudid..... Yes No

b) Barbituates: Amytal, Phenobarbital, Seconal, Nembutal, Pentobarbital..... Yes No

c) Marijuana: Hashish, Cannabis..... Yes No

d) Amphetamines: Benzedrine, Dexedrine, Methedrine, Preludin..... Yes No

e) Hallucinogens: LSD, DMT, Mescaline, Peyote, Psilocybin, PCP..... Yes No

f) Sedatives and Tranquillizers: Librium, Valium, Quaalude, Dalmane, Placidyl..... Yes No

1B. Were any of the above prescribed by a physician? Yes No

If "YES", which? _____

2. If "YES" answers in 1A or 1B, please give details:

TYPE	USUAL QUANTITY	FREQUENCY OF USE	DATE: From - To
_____	_____	_____	_____
_____	_____	_____	_____

3. Except those prescribed by a physician, are you now using or have you used in the past any other drugs not listed in numbers one or two above? Yes No

If "YES", explain: _____

4. Have you ever sought medical treatment because of drug use? Yes No

If "YES", state dates and names of doctors and institutions consulted: _____

5. Please indicate any additional relevant information: _____

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