



# Rapid Risk

## ALCOHOL USAGE QUESTIONNAIRE

Proposed Insured's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F  
 Tobacco Use:  Yes  No Amount: \_\_\_\_\_ Height: \_\_\_\_\_ Ft. In. Weight: \_\_\_\_\_  
 Broker's Name: \_\_\_\_\_ Face Amount: \_\_\_\_\_  
 BGA: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Insured please answer the following:

1. If you presently use any of the following alcoholic beverages, indicate type, frequency and amount?

- Beer  Daily  Weekly  Monthly Amount: \_\_\_\_\_ )  
 Wine  Daily  Weekly  Monthly Amount: \_\_\_\_\_  
 Liquor  Daily  Weekly  Monthly Amount: \_\_\_\_\_

2. If you do not presently use alcohol, when did you take your last drink?

3. Are you presently taking Antabuse or any other treatment?  Yes  No

4. Did you ever drink more substantially than present?  No  Yes, Details:

- Beer  Daily  Weekly  Monthly  
 Amount: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_  
 (Year) (Year)  
 Wine  Daily  Weekly  Monthly  
 Amount: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_  
 (Year) (Year)  
 Liquor  Daily  Weekly  Monthly  
 Amount: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_  
 (Year) (Year)

5. Why did you change your drinking habits?

6. Have you ever had a relapse?

- No  Yes, Date(s)  
 Details: \_\_\_\_\_

7. Have you had any moving traffic violations in the last 5 years?  No  Yes, Details:

- Violations Number: \_\_\_\_\_ Type: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Accidents Number: \_\_\_\_\_ Were you at fault?  Yes  No  
 License suspensions or revocations : Dates  
 Reasons: \_\_\_\_\_

8. Please add any additional information which you feel is important:

9. Have you ever received treatment or counseling, consulted or been advised by a doctor, medical facility, or support group (Alcoholics Anonymous, etc.) because of your alcohol use?

- No  Yes, Name and address(es) of any doctor(s), hospital(s), and/or treatment center(s): \_\_\_\_\_

Underwriter's Notes:

Date: \_\_\_\_\_ Proposed Insured's Signature: \_\_\_\_\_