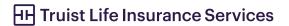
## Underwriting Questionnaire **Alcohol Use**

List any other major health problems the client has:



	P	hone	Date	
lient Name		Pate of Birth		
]Male 🗌 Female 💮 F	ace Amount	Max Premi	um \$ /yr.	
Term Permanent	Has the client ever used an	y form of tobacco (cigarette	s, cigars, pipe, snuff, etc.)?	□Yes □No
equency	Date of	of last use	Туре	
oes the client use alcohol	□Yes □No If no. date	of last alcohol use:		
Quantity	Beer	Wine	Liquor	How often?
n the past, did the client di	rink substantially more than	now ☐ Yes ☐ No If yes,	provide details below:	
Quantity	Beer	Wine	Liquor	How often?
las the client ever heen tre	eated for excessive alcohol u	se?   Ves   No If ves no	rovide details below includi	na dates:
	ested for driving under the	se? Yes No If yes, po		

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