Underwriting Questionnaire Marijuana Use			
Producer Name	Phone	Date	
Client Name	Date of Birth		
□ Male □ Female Face Amount	Max Premiu	m \$	/yr.
Term Permanent Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No			
Frequency D	ate of last use	Тур	e
Date client first used marijuana How many times per week does the client use marijuana			
How is it ingested (smoked, drops, pills, etc.)			
Quantity used per occasion			
Is the marijuana use medicinal Yes No If yes, advise prescription dat <u>e</u> If yes, what condition(s) is marijuana prescribed f <u>or</u>			
Other history of using drugs (past or present). Provide full details including type(s) of drug used, date(s) used and date(s) of last use			
Does the client use alcohol	Frequenc <u>y</u>	How much	n per occasion
Has the client received treatment for drug or alcohol abuse Yes No If yes, provide details			
Has the client ever had a DUI/DWI Yes No If yes, provide details, including date(s)			
Does the client have any motor vehicle violations on his or her records Yes No If yes, provide details including type of violation(s) and date(s)			
Client's occupation			

If the client works in the marijuana industry, provide full disclosure of company name, position, and duties in the space below.

List any other major health problems the client has:



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