## Underwriting Questionnaire **Marijuana Use**

## **HH** Truist Life Insurance Services

Producer Name	Phone	Date _	
Client Name	Date of Birth		
☐ Male ☐ Female Face Amount		Max Premium \$	/yr.
☐ Term ☐ Permanent Has the client ever use	ed any form of tobacco	o (cigarettes, cigars, pipe	, snuff, etc.)? $\square$ Yes $\square$ No
Frequency D	ate of last use		Туре
Date client first used marijuana	How many times p	per week does the client	use marijuan <u>a</u>
How is it ingested (smoked, drops, pills, etc.)			
Quantity used per occasion			
Is the marijuana use medicinal Yes No If yes, advise prescription date If yes, what condition(s) is marijuana presc			
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 Yes No	Frequenc <u>y</u>	How r	nuch 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 o violation(s) and date(s)			. 3 ,.
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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