

ALCOHOL USAGE QUESTIONNAIRE

Rohrer & Associates

Insured's Name: _____ DOB: _____ State: _____ Sex: M / F
Height: Ft. In. Weight: _____ Face Amount: _____
Tobacco use in the past 5 years: No Yes Details: _____
Producer: _____ State: _____ Phone: _____ E-mail: _____

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 receiving treatment for substance abuse? Yes No

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

Beer Daily Weekly Monthly Amount: Dates:

Wine Daily Weekly Monthly Amount: Dates:

Liquor Daily Weekly Monthly Amount: Dates:

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? Yes No

Details:

Violations Number: Type: Dates:

Accidents Number: Were you at fault? Yes No

License suspensions or revocations Dates:

Reasons:

8. Have you ever received treatment or counseling, consulted or been advised by a doctor, medical facility, or support group (Alcoholic Anonymous, etc.) because of your alcohol use? No Yes

Name(s) and address(es) of any doctor(s), hospital(s), and/or treatment center(s):

Additional Information (please use reverse side for additional space):

Date: _____

Insured's Signature: _____