

TIC Financial Services

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: _____
Address: _____ 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): _____

Date: _____ Proposed Insured's Signature: _____