

Alcohol Use

Questionnaire



Knowledge. Experience. Results.

Please answer all questions applicable to the client's medical history.

Producer Name _____ Phone _____ Date _____

Client Name _____ Date of Birth _____ Male Female

Face Amount _____ Max Premium \$ _____ /yr. Term Permanent

Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? Yes No

Frequency _____ Date of last use _____ Type _____

Does the client use alcohol Yes No If no, date of last alcohol use: _____

Quantity	Beer	Wine	Liquor	How often?

In the past, did the client drink substantially more than now Yes No If yes, provide details below:

Quantity	Beer	Wine	Liquor	How often?

Has the client ever been treated for excessive alcohol use? Yes No If yes, provide details below, including dates:

Has the client ever been arrested for driving under the influence (DUI) or for driving while intoxicated (DWI)? Yes No
If yes, provide details below, including dates:

Does the client attend AA or similar Yes No If yes, how often _____

Is the client taking or has the client ever been prescribed Antabuse or any other medication to control his/her drinking? If yes, provide name of medication and details:

List any other major health problems the client has:

Questions? Call Jim or Teresa at 877.564.1707.

Please email the completed form to jrmosel@moseleymcgill.com.

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