

Quick Quoter
Clinical Underwriting®

Alcohol Usage

Date: ___/___/___

Agent Name	Fax
Address	Phone
City	State Zip

Client's Name: _____ Date of Birth: ___/___/___

Sex: Male Female Height: _____ Weight: _____ lbs.

Smoker: No Yes (If yes, also complete Tobacco Questionnaire)

Insurance Amount: _____ Insurance Type: Term UL Survivor UL

Additional Insured's Name (only if applying for Survivor UL): _____

OTHER COMPANY ACTIONS: Company: _____ Date applied: ___/___/___

Declined Postponed Rated Table: _____

1. Does client presently consume alcoholic beverages? No Yes If no, date of last drink: _____

If yes, list Beer: Quantity _____ PER: Day Week Month (select one)

Wine: Quantity _____ PER: Day Week Month (select one)

Liquor: Quantity _____ PER: Day Week Month (select one)

2. Did client ever drink substantially more than at present? No Yes

If yes, list dates: From ___/___/___ To ___/___/___

Why did client change drinking habits? _____

Beer: Quantity _____ PER: Day Week Month (select one)

Wine: Quantity _____ PER: Day Week Month (select one)

Liquor: Quantity _____ PER: Day Week Month (select one)

3. Is client active in A.A. or other recovery groups? No Yes If yes, how long? _____

4. Has client ever consulted a doctor or received treatment because of alcohol use? No Yes

If yes, indicate name and address of any doctor, hospital or treatment center _____

5. Has client ever been arrested for driving under the influence of alcohol? No Yes

If yes, give details and driver's license number _____

ADDITIONAL INFORMATION: _____