

RACCUGLIA FINANCIAL BROKERAGE, INC.

"Commitment to Integrity and Service"

Quick Quoter
Clinical Underwriting®

Drug 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. Is client now using, or has ever used in the past, any of the following drugs?

Opium Derivatives (Heroin, Morphine, Demerol, Methadone, Codeine or Percodan, Dilaudid)

Barbiturates (Amytal, Phenobarbital, Seconal, Nembutal, Pentobarbital)

Marijuana (Hashish, Cannabis)

Amphetamines (Benzedrine, Dexedrine, Methedrine, Preludin)

Cocaine

Hallucinogens (LSD, DMT, Mescaline, Peyote, Psilocybin, PCP)

Sedatives/Tranquilizers (Librium, Valium, Quaalude, Dalmane, Placidyl)

2. Were any of the above prescribed by a physician? No Yes

If yes, which _____

3. If "yes" to answers in 1 and 2, please give details: Type _____ Usual quantity _____

Frequency of use _____ List dates: From: ___/___/___ To: ___/___/___

4. Except those prescribed by a physician, is client now using or ever used in the past, any other drugs not listed in

numbers 1 or 2 above? No Yes If yes, explain _____

5. Has client ever sought medical treatment because of drug use? No Yes

If yes, list dates and names of doctors and institutions consulted _____

ADDITIONAL INFORMATION: _____