BROOKFIELD PARTNERS

Alcohol / Drug Use Questionnaire

UNDERWRITING QUESTIONNAIRE

AGENT & CASE INFORMATION

AGENT NAME | PHONE | E-MAIL

PROPOSED INSURED

CLIENT NAME | DATE OF BIRTH | STATE

HEIGHT | WEIGHT | FACE AMOUNT

Sex: ☐ Male ☐ Female

Tobacco / Nicotine Use: ☐ Yes ☐ No

COVERAGE REQUESTED

Type of Insurance: ☐ Universal Life ☐ Whole Life ☐ Survivorship

☐ Term — number of years:

QUESTIONNAIRE

1. Does the proposed insured currently drink alcohol? ☐ Yes ☐ No

If no, provide the date of the last drink:

If yes, provide the type, frequency and quantity below:

	Beer (cans / bottles)	Wine (glasses)	Liquor (ounces)
Daily			
Weekly			

2. Does the proposed insured currently use drugs? ☐ Yes ☐ No

If no, provide the date of last use, type of drugs used, frequency and quantity:

If yes, provide the type, frequency and quantity below:

	Marijuana	Cocaine	Other (specify)
Daily			
Weekly			

3. Did the proposed insured ever use alcohol or drugs more than as stated above? ☐ Yes ☐ No

If yes, provide the time period:

FROM | TO

Type, quantity and frequency:

Reason for change:

4. Is the proposed insured an active member of an alcohol / narcotics recovery program (AA / NA)? ☐ Yes ☐ No

If yes, for how long:

5. Has the proposed insured ever joined and then left an alcohol / narcotics recovery program? ☐ Yes ☐ No

If yes, why?

6. Has the proposed insured ever consulted a physician, received or been advised to receive treatment because of alcohol or drug use? ☐ Yes ☐ No

If yes, provide dates of treatment, type of treatment, and description:

7. Has the proposed insured ever taken prescribed medication to treat alcohol or drug abuse? ☐ Yes ☐ No

If yes, provide name(s) of medication(s) and dates used:

8. Has the proposed insured ever been convicted of an alcohol or drug related offense? ☐ Yes ☐ No

If yes, provide the type of conviction(s) and date(s):