



Name of Proposed Insured: _____ Application/Policy No: _____

1. Do you presently consume alcoholic beverages? Yes No

If yes: a) How many per week? _____
(1 drink = 1 beer = 1 ¼ oz of liquor = 5 oz of wine)

b) What most closely describes how often you drink? Daily 1 to 3 times per week
 1 to 4 times per month? Less than once per month?

c) When did you have your last alcoholic beverage? _____

d) How many drinks did you have on that occasion? _____

2. Did you ever drink more than what you consume at present? Yes No

If yes: a) What was your past weekly consumption? _____
(1 drink = 1 beer = 1 ¼ oz of liquor = 5 oz of wine)

b) How often did you drink? _____

c) How many years did you drink at this level? From: _____ To: _____

d) Why did you change your consumption habits? _____

3. Have you ever been advised to reduce your alcohol use, ever sought, received, or been advised to seek advice, counselling or treatment, or attended any rehabilitation program regarding the use of alcohol? Yes No

If yes, please provide dates, full names and addresses of all doctors or other health care practitioners, or any hospital, health care facility or rehabilitation facility consulted regarding alcohol use: _____

4. Have you ever attended a meeting of the Alcoholics Anonymous or any similar organization? Yes No

If yes: a) Date joined? _____ b) How often do you attend meetings? _____

c) Have you consumed any alcohol since? Yes No If yes, provide details:

5. Have you ever been hospitalized as a result of alcohol use or abuse? Yes No If yes, please advise date(s), reason(s) and name and address of hospital(s): _____

6. Have you lost any time from work as a result of alcohol use or abuse? Yes No If yes, provide details including dates and duration of time off work: _____

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7. Have you ever been arrested, charged or convicted of any driving violations related to alcohol or drug use, including any 24-hour license suspension? Yes No **If yes**, please provide details including driver's license number, date(s) of infraction(s), outcome, including date(s) of conviction(s) and penalty(ies): _____

8. Have you ever lost your job, been arrested, charged with or convicted of any offence related to alcohol or drug use? Yes No **If yes**, please provide full details: _____

9. Do you have a family history of alcoholism? Yes No **If yes**, please provide details: _____

I declare that the answers I have given on this questionnaire are true and complete and shall form part of my application.

Signature of Proposed Insured: _____ Date: _____
Day/Month/Year