

Please print or type all information

Proposed insured _____

Date of birth _____

Drivers license # _____

1. Do you presently use alcoholic beverages?

		Beer	Wine	Liquor
Quantity:	Daily	_____	_____	_____
	Weekly	_____	_____	_____

2. Did you ever drink substantially more than at present? _____

a. From _____ To _____

		Beer	Wine	Liquor
b. Quantity:	Daily	_____	_____	_____
	Weekly	_____	_____	_____

3. Why did you change your drinking habits? _____

4. Have you ever consulted a doctor or received treatment because of your alcohol use? _____

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

5. Have you ever been, or are you now, a member of Alcoholics Anonymous or another similar institution that cares for alcoholics? _____

If yes, when and for how long? _____

6. Have you ever been arrested for driving while intoxicated or under the influence of alcohol, for non-prescribed drugs or for reckless driving? _____

If yes, how many times in the last three years? _____

I understand that this declaration is a material part of this personal fact sheet and will be relied upon by the Company in determining my insurability. I understand that any material misstatement in this declaration, or elsewhere in this personal fact sheet, will render the policy, if issued, voidable. I declare that the above answers are true and complete and shall form part of the personal fact sheet on my life.

Dated at _____ this _____ day of _____ (month,year)

Witness _____ Signed _____

(Proposed insured)