

Please print or type all information

Proposed insured \_\_\_\_\_ Date of birth \_\_\_\_\_ Drivers license # \_\_\_\_\_

1. Are you now using or have you in the past used the following drugs:
- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| a. Opium derivatives: Heroin, Morphine, Demerol, Methadone               | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Barbiturates: Amytal, Phenobarbital, Seconal, Nembutal, Pentobarbital | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Marijuana: Hashish, Cannabis  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Amphetamines: Benzedrine, Dexedrine, Methedrine                       | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Cocaine: Crack  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Hallucinogens: LSD, DMT, Mescaline, Peyote, Psilocybin                | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other: _____  |                          |                          |

If Yes, please give details: \_\_\_\_\_

Type	Usual quantity	Frequency of use	Dates	
			From	To

2. Have you ever consulted a doctor or received treatment because of your drug use? \_\_\_\_\_  
 If yes, indicate name and addresses of any doctor, hospital or treatment center, with dates of treatment.  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Have you ever been or are you now a member of a support group? \_\_\_\_\_  
 If yes, for how long? \_\_\_\_\_
4. 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)