

ALCOHOL / DRUG USAGE QUESTIONNAIRE

PROPOSED INSURED _____

DATE OF BIRTH ____/____/____
MM DD YYYY

1. Are you now using, or in the last 10 years have you used the following:

- | | | | |
|---|--|---|--|
| a. Beer, wine, liquor? | <input type="checkbox"/> Yes <input type="checkbox"/> No | e. Amphetamines: benzedrine, dexedrine, methedrine, speed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Opium Derivatives: heroin, morphine, demerol, methadone? | <input type="checkbox"/> Yes <input type="checkbox"/> No | f. Cocaine, crack? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Barbiturates: amytal, phenobarbital, seconal, nembutal, pentobarbital? | <input type="checkbox"/> Yes <input type="checkbox"/> No | g. Hallucinogens: LSD, DMT, mescaline, peyote, psilocybin, magic mushrooms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Marijuana, hashish, cannabis? | <input type="checkbox"/> Yes <input type="checkbox"/> No | h. Performance enhancing drugs, erythropoietin, steroids? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | i. Or any other non-prescribed drug? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If YES, please give details:

TYPE	USUAL QUANTITY	FREQUENCY OF USE	DATES FROM / TO
			/
			/
			/
			/

2. Have you ever decided to decrease your consumption of alcohol?

If YES, provide dates, reasons, frequency of use at that time.

DATES	REASON	FREQUENCY

3. In the last 10 years have you had any indication or medical treatment or consulted a physician for alcohol / drug usage?

If YES, please give details, dates, names of doctors and institutions consulted.

4. In the last 10 years have you been charged for driving or other offences while under the influence of alcohol / drugs? ...

If YES, give details.

5. In the last 10 years have you been a member of AA or any other addiction detox program?

If YES, give details.

6. Please give any additional relevant information.

Remarks: _____

I understand that this questionnaire will form part of the application for insurance I have made to La Capitale Financial Security Insurance Company. I certify that the answers are true and complete.



Signature of Proposed Insured _____

Date _____