AGENTS INSURANCE SERVICES of AMERICA, Inc.
Email: to UndSolutions@cs.com or Fax to: (760) 435 9703
Telephone: (760) 435 9702

Alcohol Use Questionnaire

Name [] Male [] Female Age Date of Birth

Tobacco Use [] No [] Cigarettes [] Other tobacco Date quit?

State Amount of Insurance Type of Insurance

Occupation/Source of income:

1. How much alcohol do you currently drink? [] None,[] Occasional social drink,[] 1-2 drinks per day, [] 3-4 drinks per day, [] 5 or more drinks per day [] Binge drinking

2. Date diagnosed with or treated for alcohol or substance abuse:

3. Do you attend AA, NA or some support organization: [] No [] Yes

4. Date of last drink:

5. Have you ever had or been aware of the following (check all that apply):

[] Elevated liver function test: [] SGOT – Date and results:

[] SGPT- Date and results GGTP- Date and results:

[] Positive alcohol marker (i.e. CDT or HAA)

[] Driving while intoxicated or reckless driving violation- Dates:

[] Blackouts or withdrawal seizures- Dates:

[] Medical complications related to alcohol (cirrhosis, heart. Ect.):

[] Depression or other psychiatric illness: Details:

6. Any DUI? No [ ] Yes [ ] – If yes, dates and details: _____

General Questions:

1. Do you have any other major health problems? [] No [] Yes – Details:

2. List all medications:

3. Height: Weight: Most recent blood pressure reading:

Agent Name:

Address: **City:** **State:** **Zip:**

Phone: **Fax:** **Email:**

The information gathered above will be used in the evaluation of the insurability of the applicant. All offers are tentative and are subject to verification of the submitted medical evidence and other criteria used in the underwriting of life insurance