

## ALCOHOL USAGE QUESTIONNAIRE (to be completed by Proposed Insured)

Name: \_\_\_\_\_ Application No.: \_\_\_\_\_

1. What is your average consumption of alcohol?

	Beer	Wine	Liquor
Quantity: By Day			
By Week			
By Month			

2. a) Have your drinking habits changed?  Yes  No If yes, date (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

b) What was your average consumption prior to the change?

	Beer	Wine	Liquor
Quantity: By Day			
By Week			
By Month			

Why did you change your drinking habits? \_\_\_\_\_

3. Have you ever consulted a physician or received treatment for alcohol abuse?  Yes  No

If yes, give name of physician consulted and details:

\_\_\_\_\_

\_\_\_\_\_

4. Have you ever been arrested for driving under the influence?  Yes  No If yes, give dates:

\_\_\_\_\_

5. Have you used any habit forming drugs (including but not limited to marijuana, LSD, cocaine, barbiturates, hash, excitants, hallucinogens or other narcotics) except as prescribed by a Physician?  Yes  No (If Yes, complete form# 144E Drug Questionnaire.)

\_\_\_\_\_

\_\_\_\_\_

6. Please include any information you may consider relevant.

\_\_\_\_\_

\_\_\_\_\_

I hereby agree that the foregoing questions and answers shall form part of the application for insurance made by me to BMO Life Assurance Company on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ ; and they shall be of the same effect as if contained in the original application.

Dated at \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Proposed Insured