

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/mmm/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 or been recommended to reduce use? 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. Are you/have you ever been a member of Alcoholics Anonymous, Narcotics Anonymous or a similar association? Yes No
 If Yes, please provide full details to include frequency of attendance and date of your last meeting.

7. Additional comments:

I declare that all answers to the questions in this questionnaire and statements made are true and complete and will form part of my application for insurance with BMO Life Assurance Company. I understand that if I do not completely and truthfully answer all of the questions, the company may void the policy.

Province Signed	Date (DD/MMM/YYYY)	Signature
		Proposed Insured X