

Name of Applicant: _____

Policy Number: _____

ALCOHOL QUESTIONNAIRE

1. Date alcohol first consumed? _____
Currently consume alcohol? _____ Yes _____ No
If yes, amount consumed per day? _____
If no, date alcohol last consumed? _____
2. Have you ever undergone treatment or been hospitalized for alcoholism or alcohol abuse? If Yes, please provide name(s) and addresses of hospitals, clinics and dates admitted/discharged.
3. Who treated you for alcohol abuse? Name _____
Address _____
Who is your personal physician? Name _____
Address _____
4. Any nervous, circulatory, cardiovascular or gastrointestinal disorders? _____
If yes, please provide brief details with dates, names and addresses of doctors and hospitals. _____

5. Recovered from alcohol abuse? _____
If yes, length of time since recovery _____
6. Any relapses? _____ If yes, please provide brief details with date(s). _____

7. Any support group activity such as AA? _____
Dates first/last attended? _____
8. Have you flown as a pilot or student pilot in the past three years or have plans to fly? (If yes, complete questionnaire.)

9. Have you participated in any sports such as auto or motorcycle racing/skiing or scuba diving/snowmobiling? Parachuting/hang gliding? Skiing/bodily contact sports? Do you intend to participate in any of the above? (If yes, complete questionnaire.)
10. Do you have any driving violations? _____ If yes, please provide brief details/dates and give driver's license number. _____

11. What is your present therapy? _____

Signed at _____ on _____.

Proposed Insured

Witness