

NAME OF APPLICANT: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

## DRUG QUESTIONNAIRE

1. Have you ever used or experimented with marijuana or amphetamines, barbiturates, tranquilizers, hallucinogens, LSD, narcotics or substances that would influence mind, mood, or behavior? \_\_\_\_\_  
Have you ever abused prescription drugs? \_\_\_\_\_  
If yes, list and explain agent or agents used. Also complete the following questions. \_\_\_\_\_

\_\_\_\_\_

2. Date when first used? \_\_\_\_\_

3. Date when last used? \_\_\_\_\_

4. Have you ceased using the above agents? \_\_\_\_\_ If yes, why? \_\_\_\_\_

\_\_\_\_\_

5. How many occasions were they used? \_\_\_\_\_

6. Did you suffer any physical or mental side affects? \_\_\_\_\_ If yes, did these side affects persist?

\_\_\_\_\_

7. Have you received or are you currently receiving counseling or treatment for the experimental use or use of marijuana, or amphetamines, barbiturates, tranquilizers, hallucinogens, LSD, narcotics, or substances that would influence mind, mood, or behavior? \_\_\_\_\_  
If yes, list and explain. Also complete additional parts. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- a. List physician, clinic or agency. \_\_\_\_\_

- b. Are records available? \_\_\_\_\_

If yes, list address and phone number. \_\_\_\_\_

\_\_\_\_\_

If no, explain. \_\_\_\_\_

\_\_\_\_\_

8. Were you ever arrested, convicted, or sentenced for possession, use or sale of any illegal drugs, including marijuana? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

\_\_\_\_\_

**Signed at** \_\_\_\_\_ **on** \_\_\_\_\_

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

\_\_\_\_\_  
Witness