

# The Thompson Agency of New England

## ALCOHOL USAGE QUESTIONNAIRE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Do you presently consume alcohol beverages? [ ] YES [ ] NO

If "NO", date of last drink \_\_\_\_\_ BEER WINE LIQUOR

QUANTITY: Daily: \_\_\_\_\_ Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_

2. Did you ever drink substantially more than at present? [ ] YES [ ] NO

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

BEER WINE LIQUOR

QUANTITY: Daily: \_\_\_\_\_ Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_

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

3. Are you active in A.A. or other recovery groups? [ ] YES [ ] NO How long?  
\_\_\_\_\_

4. Have you ever consulted a doctor or received treatment because of your alcohol use? [ ] YES [ ] NO

If "YES", indicate name and address of any doctor, hospital or treatment center:  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you ever been arrested for driving under the influence of alcohol? [ ] YES [ ] NO

If "YES", give details and drivers license number:  
\_\_\_\_\_  
\_\_\_\_\_

Please add any additional information you feel is important:  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have read the above questions and answers and declare that all statements and answers to the above questions are true and complete as recorded, and I agree that they shall form a part of my application and become a part of any contract of insurance issued on such application.  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_