



# HERMANN SONS LIFE

## Alcohol Usage Questionnaire

TO BE COMPLETED BY APPLICANT

PLEASE PRINT IN BLUE OR BLACK INK ONLY

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

1. Do you presently use alcoholic beverages?  Yes  No  
 If "yes," please record quantity in each category below (glasses, ounces or bottles on a daily, weekly or monthly basis).

Amount	Wine	Beer	Liquor	Date of last drink
Daily				
Weekly				
Monthly				

2. Did you ever drink substantially more than as outlined above?  Yes  No  
 If "yes," please complete:

Amount	Wine	Beer	Liquor	Date started	No. of years
Daily					
Weekly					
Monthly					

3. Have you ever consulted a doctor or received treatment because of your alcohol use?  Yes  No  
 If "yes," indicate dates, names and addresses of any doctors, hospitals or treatment centers:

\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been charged with impaired driving, lost your job or been arrested due to the influence of alcohol?  Yes  No

If "yes," give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Has any member of your immediate family been treated for or died due to excessive alcohol?

Yes  No

If "yes," give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I declare that the above information is true and complete and shall form part of the application on my life.

\_\_\_\_\_  
Signature of the Proposed Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness